MAXIMUS Federal Services

Case Number:	CM15-0023784		
Date Assigned:	03/25/2015	Date of Injury:	09/06/2011
Decision Date:	05/11/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/09/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Emergency Medicine, Pediatrics

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 41-year-old male who reported an injury on 09/06/2011. The injury reportedly occurred when the injured worker was driving a dump truck and trailer, and the truck lost its brakes travelling down a hill. The injured worker was fearful of a crash and jumped out of the truck. He was diagnosed with intramedullary rod fixation for a subtrochanteric fracture of the right hip. The injured worker's past treatments were noted to include medications, physical therapy, and surgery. His diagnostic studies included an x-ray of the right hip performed on 01/06/2015 in office, which revealed a trochanteric fixation nail, which appears to be well aligned. It does appear to protrude significantly beyond the greater trochanter. The intertrochanteric fracture does appear to be well healed at this time. The rod through the femur appears to be well maintained. The fracture, which is mid shaft, appears to have significant bony growth. The fixation screw at the distal end of the femur and rod appears to be missing the head. The screw does appear to be well maintained at this time. The medial and lateral tibial femoral joint spaces are well maintained. There do not appear to be any significant new bony or soft tissue abnormalities at this time. The radiographs taken of the right ankle show a medial malleolar fracture, which does not have any hardware placed at this time. The mortise does appear well maintained at this time. There appears to be a sufficient amount of growth over this fracture as well. The AP images of the left knee in a standing position show osteophyte formation over the medial tibial femoral joint space, as well as spur formations over the lateral tibial femoral joint spaces. No significant bony or tissue abnormalities could be appreciated. The patella does appear to be well maintained within the patellofemoral joint space. There is

some mild narrowing of the medial tibiofemoral joint space. His surgical history was noted to include right femur surgery performed on 09/06/2011. Additionally, a second right femur surgery was performed on 06/07/2013, to remove the hardware. On 01/06/2015, the injured worker reported as a result of industrial injury, he suffers from depression, stress, anxiety, frustration, and personal relationship difficulties. On physical examination of the right hip, there were well healed surgical scars present from the injured worker's previous open reduction and internal fixation. The injured worker had 80 degrees of flexion, 30 degrees of extension, 40 degrees of abduction, 20 degrees of adduction, and 30 degrees of internal and external rotation. The injured worker walked with a significantly antalgic gait. On physical examination of the bilateral knees, there were no obvious scars, deformities, atrophy, or edema observed. Upon evaluation of the left knee, range of motion maintained an active extension to 0 degrees and flexion to 110 degrees. There was mild placation over the medial tibiofemoral joint space. There was negative patellar grind test and negative McMurray's test. There was no increased laxity observed bilaterally, as valgus and varus stress was applied. Strength was 5/5. His current medications were noted to include hydrocodone/APAP, 10/325 mg. The treatment plan included a Request for Authorization for chiropractic and physiotherapy, plus manipulation over the right knee and left knee. The injured worker has yet to undergo conservative measures of therapy for the left knee. Additionally, medications included Norco 10/325 for pain; a Request for Authorization for the injured worker to be evaluated by pain management; a request for right knee hinged brace, as the injured worker feels like his has instability over the right knee with ambulation; and a Request for Authorization to be evaluated by psychiatry, which was recommended in the future by another treating physician. A Request for Authorization was submitted on 01/06/2015.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

X-rays taken in office on 1/6/15 of the right ankle, left knee, and right hip: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & pelvis, X-ray.

Decision rationale: The California MTUS/ACOEM Guidelines state special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The clinical documentation submitted for review does not provide evidence that the injured worker has had a recent attempt in conservative care to include physical therapy. There were no red flags provided in the clinical documentation. It was noted the injured worker was ambulating with an antalgic gait. There no significant objective findings to warrant diagnostic testing for the right ankle. There was no evidence of significant functional deficits. In regard to the x-ray of the right hip, the Official Disability Guidelines state plain radiographs of the pelvis should be routinely obtained in patients sustaining an injury. The clinical documentation

submitted for review indicated that the injured worker had previous radiographs performed at the time of the injury; however, the radiographs were not provided for review. Given the above information, the request is not supported by the guidelines. As such, the request for x-rays taken in office on 1/6/15 of the right ankle, left knee, and right hip is not medically necessary.

Chiro/physiotherapy plus manipulation to the right hip and left knee, 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis Chapter and Knee and Leg Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, Physical medicine Page(s): 58-59, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Manipulation, Hip & Pelvis.

Decision rationale: The California MTUS Guidelines states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. More specifically, the Official Disability Guidelines recommend 10 treatments of manipulation of the right hip. The California MTUS Guidelines recommend active therapy for restoring flexibility, strength, endurance, function, range of motion, and alleviating discomfort. Additionally, the guidelines recommend 9-10 visits of physical therapy for unspecified myalgia and myositis. The request as submitted exceeds the guidelines recommendations. There were no exceptional factors to warrant additional visits beyond the guidelines recommendations. In regard to the left knee, the Official Disability Guidelines do not recommend manipulation, as there are no studies showing that manipulation is proven effective for patients with knee and leg complaints. Given the above information, the request is not supported by the guidelines. As such, the request for chiro/physiotherapy plus manipulation to the right hip and left knee, 3 times a week for 4 weeks is not medically necessary.

Psychiatric consult and psycho- pharmacological management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition (2004), Chapter 7 Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, or has difficulty obtaining information or agreement to a treatment plan, with treating a particular cause of delayed recovery. The clinical documentation submitted for review did not provide the psychological assessment to support the need for a Psychiatric consult and psycho- pharmacological management. Given the above information, the request is not supported by the guidelines. As such, the request is not medically necessary.

Norco 10/325MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The California MTUS Guidelines state that ongoing management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medications use, and side effects. The clinical documentation submitted for review does not provide evidence of decreased sprain and increased function with the use of the medication. Additionally, there was as lack of a consistent urine drug screen; verifying appropriate medication use. Furthermore, the request as submitted does not provide a frequency. Given the above information, the request is not supported by the guidelines.

Hinged knee brace for the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (Acute and Chronic) Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

Decision rationale: The California MTUS/ACOEM Guidelines recommend a brace for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability, although its benefits may be more emotional than medical. Additionally, the guidelines state a brace is necessary only if the injured worker is going to be stressing the knee under loads, such as climbing ladders or carrying boxes. The clinical documentation submitted for review lacks evidence of significant deficits to warrant the need for a knee brace. Additionally, there was no evidence of patellar instability; anterior cruciate ligament tear; or medial collateral ligament instability. Furthermore, there was no indication that the injured worker will be stressing the knee under load, such as climbing ladders or carrying boxes. Moreover, the clinical documentation indicated a knee brace for the right knee; however, the request as submitted is for the left knee. Given the above information, the request is not supported by the guidelines. As such, the request for hinged knee brace for the left knee is not medically necessary.