

Case Number:	CM15-0063505		
Date Assigned:	04/09/2015	Date of Injury:	07/08/2014
Decision Date:	06/05/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/03/2015

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: Minnesota

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 61 year old male, who sustained an industrial injury on 7/08/2014. The medical records submitted for this review did not include the details regarding the initial injury or a complete reference to the prior treatments to date. Diagnoses include hip/thigh strain, knee injury, knee sprain/strain, sleep issue, and depression. Currently, he complained of bilateral hip pain and left knee pain rated 6/10 VAS. On 3/16/15, the physical examination documented tenderness to left hip and a negative McMurray test. The plan of care included sleep hygiene, a home exercise program, and await MRI and X-ray review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341-343.

Decision rationale: The ACOEM Guidelines indicate 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 failed to provide document of conservative care and a rationale for the MRI of the right knee. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for an MRI of the right knee is not medically necessary.

X-ray hips: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter, X-ray.

Decision rationale: The Official Disability Guidelines indicate that plain x-rays of the pelvis should be obtained in injured workers sustaining a severe injury. The clinical documentation submitted for review failed to provide documentation the injured worker had a severe injury. The rationale for the request was not provided. Given the above, the request for an x-ray of the hips is not medically necessary.

Sleep hygiene: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Insomnia Treatment.

Decision rationale: The Official Disability Guidelines indicate that there are suggestions for improved sleep hygiene, including waking at the same time every day, maintaining a consistent bedtime, exercise regularly, keeping the bedroom quiet and cool, not watching the clock, and avoiding caffeine and nicotine for at least 6 hours before bed, only drink in moderation, and avoid napping. The specific sleep hygiene that was being requested was not provided. Given the above, the request for sleep hygiene is not medically necessary.

HEP: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: The California MTUS Guidelines recommend physical medicine treatment for up to 10 visits for myalgia and myositis. The injured worker would have the ability to perform a home exercise program unsupervised and as such, the request for a home exercise program is not medically necessary. The request as submitted failed to indicate the specific request for a home exercise program. Given the above, the request for a home exercise program is not medically necessary. Additionally, the body part to be treated was not provided.