

Case Number:	CM14-0078877		
Date Assigned:	07/21/2014	Date of Injury:	06/13/2007
Decision Date:	09/30/2015	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/29/2014

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: Arizona

Certification(s)/Specialty: Surgery

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 59 year old female who sustained an industrial injury on 06/13/2007. Mechanism of injury was not found in documentation presented for review. Diagnoses include complex regional pain syndrome and status post multiple left lower extremity surgical procedures. Treatment to date has included diagnostic studies, multiple surgeries to the lower extremity, medications, physical therapy and a home exercise program. She is working full time. An Agreed Medical Reexamination done on 09/09/2013 documents the injured worker complains of pain in her distal anterior right thigh. She ambulates without a device. The pain seems to disappear when she walks-particularly when taking long strides. She has ongoing pain in her left lower extremity with hypersensitivity over the top and outside of her foot and the outside of the leg. When the pain is particularly bad, she will limp on the left. Her right hip reveals well-healed scars over the hip and trochanteric region. Hip motion is mildly uncomfortable-mid thigh pain. Range of motion is restricted. She has well healed sensitive scars along the proximal and distal fibula region of the left lower extremity. The leg is hypersensitive and Tinel's is positive at the proximal leg around the fibula. She reports numbness on the distal leg, medial aspect of the ankle and dorsum of the foot. On 09/09/2013, an unofficial x ray of the right hip revealed revision of total hip arthroplasty. Component positioning and alignment is satisfactory with no loosening. The most recent physician progress note dated 01/07/2014 documents the injured worker reports that her pain control with her current regimen, Gabapentin 400mg twice a day and Trazadone 50mg in the evening are mildly helpful however, she has noted significant side effects of being overly sedated and nauseated with occasional diplopia. On

examination, there is a very slight decrease in the allodynia diffusely in the left lower extremity. It was suggested to gradually wean from Gabapentin and Trazodone and then she will be started on Tripletail 150mg daily increasing to 300mg twice a day and Zanaflex 48mg in the evening. The treatment plan includes a pelvis x ray and follow up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non- MTUS Citation 2nd. edition, Chapter 7. Independent Medical Examinations and Consultations, pg 127.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 23.

Decision rationale: Arthropathy, unspecified (ICD9 716.9): Postsurgical treatment, arthroplasty/fusion, hip: 24 visits over 10 weeks; Postsurgical physical medicine treatment period: 4 months; In the event the patient sustains an exacerbation related to the procedure performed after treatment has been discontinued and it is determined that more visits are medically necessary, physical medicine treatment shall be provided within the postsurgical physical medicine period. The follow-up in this case is not specified as to whether this is for additional office evaluation or additional treatment with physical therapy. Therefore, the prior utilization review is upheld and "follow-up" is not medically necessary.

Pelvis x-ray: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Radiographic Evaluation of Hip Replacements <http://www.minnisjournals.com.au/articles/rad%20hip%20assess%20spec%20sept%2012.pdf>.

Decision rationale: Patients present for radiographic follow up in the form of AP and lateral x- rays at 6 weeks, 12 weeks, 6 months and 12 months. After this period, patients present for further follow up x-rays only if they are symptomatic. No literature is found to support periodic routine pelvis x-rays to follow patients after total hip arthroplasty. Therefore, in this patient whose last visit is 2014 and last orthopedic evaluation in 2013, there do not appear to be any new issues or new symptoms that would prompt additional evaluation with a pelvis x-ray. The prior utilization review is upheld and the pelvis x-ray is not medically necessary in the lack of new symptoms or findings.