

Case Number:	CM13-0011613		
Date Assigned:	11/22/2013	Date of Injury:	05/17/2012
Decision Date:	01/10/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

This is a 29 -year-old gentleman injured on 5/17/12. The records for review include a recent operative report dated 10/28/13 stating that the claimant underwent a diagnostic right hip arthroscopy with loose body removal, acetabuloplasty, labral repair, and femoroplasty to the right hip. Post operative records include indication of a course of formal physical therapy. Prior to the surgical procedure, a CT scan with 3D reconstruction of the right hip was recommended. There was record of a previous 8/23/11 MRI scan of the right hip demonstrating a Cam lesion with femoral acetabular impingement with associated chondral irregularities of the superior margin of the labrum with oblique -oriented labral tearing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right hip 3D CT scan: 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) -Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: hip procedure -CT (computed tomography).

Decision rationale: Based on Official Disability Guidelines criteria, as California ACOEM Guidelines and California MTUS Chronic Pain Guidelines are silent, CT scan of the hip in this case would not have been indicated. The request was made preoperatively. From a clinical standpoint it is not clear as to how a CT scan of the hip would have changed the claimant's surgical outcome performed in October 2013. The previous MRI and imaging addressed the pathology for which the surgery was being done and as such, the additional imaging in the form of a 3 D CT scan would not be medically supported.

Continuous passive motion machine for 14 days: Overturned

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) --Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: hip procedure - Continuous passive motion (CPM) .

Decision rationale: California ACOEM Guidelines and California MTUS Chronic Pain Guidelines are silent. When looking at Official Disability Guidelines criteria, continuous passive motion to the hip is recommended for home use for up to seventeen days following surgical process when individuals are at risk for stiff hip or are immobile or unable to bear weight. Given the claimant's current diagnosis and operative report for review including evidence of hip arthroscopy, the role of a fourteen day use of a continuous passive motion machine from the time of surgery and moving forward would appear to be medically necessary.