

Case Number:	CM13-0018394		
Date Assigned:	12/11/2013	Date of Injury:	05/19/2009
Decision Date:	04/03/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	08/29/2013

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 Pennsylvania. 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 claimant is a 42-year-old gentleman who sustained an injury to the right hip on May 19, 2009. The records provided for review included documentation of a clinical assessment on November 19, 2013 by [REDACTED] noting complaints of right hip pain described as "improving." There were continued complaints of pain about the right thigh with numbness into the bilateral lower extremities with low back complaints. The claimant's diagnosis on that date was right hip labral tearing with low back pain and lumbar radiculopathy. The only documentation of objective findings on examination was "excellent range of motion of the right hip without pain." In a previous assessment by [REDACTED] on August 20, 2013 physical examination was documented as decreased range of motion of the right hip with pain. It noted that the claimant had labral pathology, status post left hip arthroscopic labral repair in March 2010 followed by a left total hip replacement in April 2011. Surgery for right hip arthroscopic labral debridement with possible osteoplasty was recommended. There are also current recommendations for continuation of Dilaudid and Oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone ER 10mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76-80.

Decision rationale: Based on California MTUS Chronic Pain 2009 Medical Treatment Guidelines, the continuation of Oxycodone cannot be recommended as medically necessary. The claimant's recent assessment of November 2013 indicated he was doing significantly better following treatment to the right hip with excellent range of motion and minimal pain complaints. There is no documentation to explain why there would be continued need for not one but two narcotic analgesics for mechanical complaints of the hip in a claimant that is documented to be functionally doing well.

Dilaudid 8mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76-80.

Decision rationale: Also based on California MTUS Chronic Pain 2009 Medical Treatment Guidelines, the continuation for Dilaudid in this case would not be indicated. As cited in question #1, the claimant's recent assessment documented that he was doing significantly better with no formal positive physical examination findings and documented significant improved in pain complaints on subjective findings. The continued role of Dilaudid cannot be recommended based upon the documentation provided for review.

right hip arthroscopic labral debridement and possible osteoplasty: 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 & Pelvis (Acute & Chronic).

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 - Arthroscopy.

Decision rationale: The CA MTUS guidelines are silent. When looking at Official Disability Guidelines, the request for right hip arthroscopic labral debridement and osteoplasty would not be indicated as the claimant does not meet the guideline clinical criteria. First and foremost, there is no documentation that the claimant has any functional deficit and is documented to be doing significantly better at the clinical assessment of November 2013. The surgical process to include a hip arthroscopy, debridement, and osteoplasty would not be indicated based upon the records provided for review.