

Case Number:	CM13-0023275		
Date Assigned:	12/11/2013	Date of Injury:	09/02/2011
Decision Date:	07/25/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/12/2013

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. The expert 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 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/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:

The claimant is a 54-year-old female who was injured in a work related accident on 9/2/11. The clinical records provided for review document that the recommendation for right hip arthroscopy, partial labral debridement versus repair and possible femoral head recontouring has been certified. Perioperative requests in this case include a preoperative chest x-ray, a preoperative EKG, and postoperative use of a hip abduction brace. The records document that the preoperative testing including laboratory blood work and preoperative hip radiographs have also been approved for utilization review process. There is no documentation of any underlying comorbidities or past medical history.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRE-OP TESTING, STANDARD EKG: 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 Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

Decision rationale: Preoperative laboratory testing as well as a preoperative physical examination were already approved. At present, there is no documentation of any pulmonary or cardiac past medical history or comorbid conditions that would support the role of further testing. The specific request in this case would not be supported as medically necessary.

PRE-OP TESTING, CHEST XRAY: 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 Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

Decision rationale: Preoperative laboratory testing as well as a preoperative physical examination were already approved. At present, there is no documentation of any pulmonary or cardiac past medical history or comorbid conditions that would support the role of further testing. The specific request in this case would not be supported as medically necessary.

HIP ABDUCTION BRACE: 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.

Decision rationale: The California MTUS and ACOEM guidelines do not address this request. Based on the Official Disability Guidelines, the use of this piece of durable medical equipment would not serve a purpose for the claimant following hip arthroscopy. The standard of medical care does not immobilize individuals following hip arthroscopy for the purpose of debridement or labral repair. The use of this device would not be indicated at this time. As such, the request is not medically necessary.