

Case Number:	CM13-0041111		
Date Assigned:	12/20/2013	Date of Injury:	01/29/2011
Decision Date:	02/18/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/01/2013

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:

The claimant is a 50-year-old, female who was injured in a work related accident on 01/29/11. Clinical records for review included an orthopedic follow up with [REDACTED], on 08/30/13 documenting the claimant's complaints about the left hip and low back. Examination showed restricted range of motion of the left greater than right hip and an MRI scan revealed arthritis of the hip. The claimant was also noted to have an underlying diagnosis of facet arthrosis at the L5-S1 level. [REDACTED] documented that the claimant's current clinical complaints appeared more consistent with her hip pathology. He recommended a consultation with a [REDACTED], a hip surgeon, regarding potential replacement procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second opinion with [REDACTED] hip surgeon: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation on American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004)-- CA MTUS ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: The Physician Reviewer's decision rationale: Based on California ACOEM 2004 Guidelines, referral to [REDACTED] appears medically warranted. ACOEM Guideline criteria indicates that the role of referrals are indicated if there is a plan or course of care that may benefit from additional expertise. Apparently [REDACTED] does not perform hip replacement procedures. While he has been treating the claimant, he feels her pathology is more consistent with her underlying hip etiology for which referral to [REDACTED] was recommended. This request appears to be medically necessary.