

Case Number:	CM13-0046704		
Date Assigned:	12/27/2013	Date of Injury:	09/01/1997
Decision Date:	03/26/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/01/2013

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:

A 57 year old claimant presents with industrial injury 9/1/97 to low back. Exam notes dated 10/11/12 demonstrate low back pain and foot pain. Objective findings include antalgic gait. Normal neurologic examination is noted. Report of postlaminectomy syndrome is also noted. Exam notes dated 10/7/13 demonstrate claimant with complaint of right hip pain. Objective findings include normal motor exam and decreased light touch over left lateral calf/thigh. Radiographs demonstrate severe right hip joint space narrowing. Request is for an orthopedic surgeon evaluation to address right hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to an Orthopedic Surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303-304.

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

Decision rationale: According to ACOEM guidelines, page 127, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional

expertise. " In this case there is no objective evidence in the records of an industrial relationship of hip arthritis. There is also no objective evidence in the records correlating the patient's radiographs to symptoms. Therefore the determination is non-certification as not medically necessary.