

Case Number:	CM13-0062334		
Date Assigned:	03/24/2014	Date of Injury:	11/14/2008
Decision Date:	08/01/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/06/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 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:

This is a patient with a date of injury of 11/14/08. A utilization review determination dated 11/25/13 recommends of orthopedic consultation for left hip from a request to see a specific doctor to a consultation with an orthopedic surgeon for the left hip. It referenced an 11/12/13 medical report identifying pain in the low back and left hip, noting that the MRI showed moderate osteoarthritic disease in the left hip joint with degenerative tear of the left acetabular labrum, progressed since 2009. On exam, there was a limp and antalgic gait with pain on passive internal and external rotation of the left hip. The provider noted that it appears that there are 2 separate issues causing the patient's complaints and recommended consultation with a joint reconstructive surgeon regarding the left hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULTATION WITH [REDACTED] (ORTHOPEDIC SURGEON) FOR LEFT HIP: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Hip & Pelvis Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Independent Medical Examinations and Consultations Chapter 7 Page(s): 127.

Decision rationale: Regarding the request for consultation with an orthopedic surgeon for the left hip, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the patient has ongoing pain and functional impairment in the hip with imaging evidence of progressive degeneration. The previous utilization review recommended modification of the request from a consultation with a specific orthopedic surgeon to a generic consultation with an orthopedic surgeon since the guidelines do not address specific providers or facilities. That recommendation was appropriate. In light of the above, the currently requested consultation with an orthopedic surgeon for the left hip is medically necessary.