

Case Number:	CM13-0063248		
Date Assigned:	12/30/2013	Date of Injury:	03/27/2013
Decision Date:	03/25/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/09/2013

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 patient reported with an industrial injury on 3/27/13. Surgery performed on 4/2/13 consisting of open reduction and internal fixation of the fracture of the acetabulum. Exam notes from 4/24/13 demonstrate chief complaint of left hip and leg pain. A CT scan on 11/8/13 demonstrated persistent medial displacement of the medial acetabular wall. There was prominent bony callus and hypertrophic bone formation surrounding the posterior acetabular fracture extending to the greater trochanter. No mention of nonunion or delayed union. Requesting allografting for acetabular wall of left hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

treat hip fracture: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AAOS, Orthopedic Knowledge Update #10, 2011, page 14, Enhancement of Fracture Healing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1. Lawrence DA, Menn K, Baumgaertner M, Haims AH. Acetabular fractures: anatomic and clinical considerations. AJR Am J Roentgenol. 2013 Sep;201(3):W425-36. doi: 10.2214/AJR.12.10470; 2. Sagi HC, Jordan CJ, Barei DP, Serrano-Riera R, Steverson B. Indomethacin; Prop

Decision rationale: CA MTUS/ACOEM and ODG does not address acetabular nonunion. According to peer-reviewed literature,