

Case Number:	CM14-0102190		
Date Assigned:	07/30/2014	Date of Injury:	02/08/2011
Decision Date:	10/02/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	07/02/2014

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, and is licensed to practice in Nevada. 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 records presented for review indicate that this 39-year-old gentleman was reportedly injured on February 28, 2011. The mechanism of injury is noted as a slip and fall. The most recent progress note, dated May 20th 2014, indicates that there are ongoing complaints of left hip pain as well as occasional neck pain radiating to the shoulders and left hand. The physical examination demonstrated tenderness over the L4 - L5 and L5 - S1 spinous processes and paravertebral muscles. There was decreased lumbar spine range of motion and a normal lower extremity neurological examination. There was tenderness over the greater trochanteric of the left hip with mild left hip crepitus with range of motion. Diagnostic imaging studies of the left hip shows postsurgical changes with cortical thickening post open reduction internal fixation with intact hardware. Previous treatment includes left hip surgery, physical therapy, chiropractic care, and oral medications. A request had been made for a preoperative visit and labs to include CBC, prothrombin time (PT), partial thromboplastin (PTT), Lytes, blood urea nitrogen (BUN), urinalysis (UA), Chem 7 and chest x-ray and was not certified in the pre-authorization process on June 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative visit and labs to include CBC, prothrombin time (PT), partial thromboplastin (PTT), Lytes, blood urea nitrogen (BUN), urinalysis (UA), Chem 7 and chest x-ray: Upheld

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 Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Preoperative Lab Testing

Decision rationale: A review of the attach medical record indicates that there was a discussion regarding removal of hardware in the left hip, however there is no scheduled or proved surgery pending, nor is there a stated necessity for the removal of this hardware. As such, this request for a preoperative visit and labs to include CBC, prothrombin time (PT), partial thromboplastin (PTT), Lytes, blood urea nitrogen (BUN), urinalysis (UA), Chem 7 and chest x-ray is not medically necessary.