

<b>Case Number:</b>	CM14-0103796		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	05/04/2010
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Family Medicine 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 63-year-old female who reported an industrial injury on 5/4/2010, over four (4) years ago, attributed to the performance of her usual and customary job duties when she slipped on a step while exiting a shuttle bus. The patient was diagnosed with a left pubic remake fracture and labral tear to the left hip. The patient subsequently underwent left hip arthroscopic hip debridement acetabuloplasty and repair of labrum on 1/9/2013. The patient received postoperative rehabilitation physical therapy. The patient is diagnosed with recurrent left hip labral tear and femoral acetabular impingement. The patient complained of postoperative pain to the left groin and buttocks. A left hip MRI dated 2/4/2014, documented evidence of a vertical full thickness tear of the anterior labrum. The diagnoses included left hip labral tear, femoral acetabular impingement status post arthroscopic acetabular plasty and labral repair with push lock anchors. A mini open direct into your left hip exploration, debridement or repair of the labrum and possible additional acetabuloplasty was recommended. The surgical procedure was not authorized by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-operative clearance.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Lower Back Chapter: per-operative testing

**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 chapter for Preoperative lab testing

**Decision rationale:** The patient was ordered a preoperative medical clearance with laboratory work; however, there was no specific laboratory testing requested. A preoperative clearance and evaluation includes a laboratory workup has specific laboratory values to be requested to evaluate for patient stability prior to a surgical intervention. There was no rationale supported by objective evidence to support the medical necessity of the requested preoperative clearance. The requested surgical intervention was not certified therefore, there is no medical necessity for the requested preoperative clearance. The requested surgical intervention or procedure was assessed as not medically necessary. Since the requested procedure was not medically necessary and there is no medical necessity for the requested preoperative clearance evaluation or testing. Preoperative laboratory testing is generally medically necessary for patients of certain age groups with documented underlying medical issues or prolonged use of medications to establish patient stability prior to surgical intervention. Since there was no specificity applied to the request, there is no demonstrated medical necessity. Since the requested procedure was assessed as not medically necessary the request for preoperative clearance and lab testing or workup is also not medically necessary.