

Case Number:	CM14-0103804		
Date Assigned:	07/30/2014	Date of Injury:	05/04/2010
Decision Date:	10/20/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	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 Orthopaedic 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 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 63-year-old female actress sustained an industrial injury on 6/4/10 when she slipped and fell down some steps. She sustained a fracture of the superior and inferior pubis ramus on the left and a fracture of the coccyx. She was diagnosed with a labral tear of the left hip pincer-type deformity in the left femoral head and acetabulum. She underwent left hip arthroscopic debridement, osteochondral shaving, and attempted labral repair on 1/9/13. She felt that she worsened with physical therapy. Additional conservative treatment including medications and corticosteroid injection failed to provide sustained benefit. The 2/20/14 pelvic CT scan impression documented findings consistent with an old fracture of the left pubic ring with very minimal deformity at this time. There were no acute bony changes or focal marrow abnormalities seen in the pelvis or proximal femurs. The 4/2/14 left hip MR arthrogram impression documented a linear full thickness tear of the anterior labrum. A mini open direct anterior left hip exploration, debridement or repair of the labrum, and possible additional acetabuloplasty has been recommended. A request was also submitted for a pre-op chest x-ray. The 6/6/14 utilization review denied the request for pre-op chest x-ray. The rationale for this determination was not provided. Records indicated that past medical history was positive for hypothyroidism, anxiety/depression, migraines, osteoporosis, and hypercholesterolemia. Review of systems was positive for a chronic cough.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative Chest X-ray.: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment for Workers Compensation (TWC):Low Back; pre-operative testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACR Appropriateness Criteria® routine admission and preoperative chest radiography. Reston (VA): American College of Radiology (ACR); 2011. 6 p.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines state that routine pre-operative chest radiographs are not recommended except when acute cardiopulmonary disease is suspected on the basis of history and physical examination., or there is a history of stable chronic cardiopulmonary disease in an elderly patient (older than age 70) without a recent chest radiograph within the past six months. Guideline criteria have been met given the patient's age, history of chronic cough, and risks of anesthesia. Therefore, this request is medically necessary.