

Case Number:	CM14-0103806		
Date Assigned:	07/30/2014	Date of Injury:	05/04/2010
Decision Date:	10/22/2014	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 Internal 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:

The patient is a 63 year old female who was injured on 05/04/2010 when she slipped and fell. Prior medication history included levothyroxine, sertraline, Topamax, simvastatin, Boniva and Vicodin. The patient underwent left hip arthroscopy in 01/09/2013. Diagnostic studies reviewed include CT dated 02/20/2014 revealed old fractures of the left pubic ring with very minimal deformity. Orthopedic consult note dated 05/22/2014 states the patient presented with left hip pain. She reported the pain is anterior and radiates down into the thigh. On exam, range of motion of the left hip revealed flexion of 110 degrees; external rotation 40 degrees and abduction 40 degrees. There was tenderness over the symphysis pubis. She had positive impingement anteriorly. The patient was diagnosed with left hip arthroscopy with continuing pain. The patient was recommended for surgical intervention, open direct anterior left hip exploration, debridement, or repair of the labrum and possible addition acetabuloplasty was recommended as well as crutches. Prior utilization review dated 06/06/2014 states the request for crutches is denied as the surgery was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Crutches: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Treatment in

Worker's Comp, 18th Edition, 2013: Knee and Leg: Walking Aids(Canes, Crutches, Braces, Orthoses, and Walkers)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg, Walking aids

Decision rationale: The guidelines recommend DME such as crutches, canes, and walkers to be used post-operatively in select patients. The physician has requested crutches for use in the post-operative period of a left hip surgery. The surgery is to include labral repair, capsular plication, and femoroplasty. From the documents provided it is not evident that the surgery has been approved. The most recent clinical document states the physician was seeking approval for surgery but had not yet obtained approval. If the surgery is not approved the post-operative crutches will not be required. The request for DME crutches should be made after the surgery has been approved. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.