MAXIMUS Federal Services

Case Number:	CM14-0115688		
Date Assigned:	08/04/2014	Date of Injury:	10/09/2009
Decision Date:	09/10/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/23/2014

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 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 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 35-year-old male sustained an industrial injury on 10/9/09. The mechanism of injury was not documented. There is no documentation of co-morbidities. The patient underwent right hip arthroscopy on 7/7/13. The 3/5/14 right hip MR arthrogram was reported unremarkable. There was no significant osteoarthritis. The 4/29/14 treating physician report cited severe low back and right hip pain. Pain was aggravated by walking and lying down. The patient felt like his thigh bone slipped out of the socket associated with pulsating pain. Right hip physical exam documented decreased range of motion, pain with internal rotation, antalgic gait, and tenderness to palpation over the groin area. The diagnosis was status post right hip arthroscopy, unsuccessful, with severe right hip pain and inability to ambulate with a cane and right knee internal derangement. The treatment plan recommended a right hip injection which was denied. The patient had failed all types of non-operative treatment and underwent an unsuccessful arthroscopy. A right total hip arthroplasty was recommended. The 6/30/14 denied the request for pre-operative internal medicine clearance as patient was not considered a surgical candidate at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal Medicine Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation emedicine.com.

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: Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Indications for pre-operative clearance should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. The patient does not currently meet guideline criteria for a total hip arthroplasty so the medical necessity of pre-operative clearance is not established. Additionally, there is no rationale provided to support the medical necessity of an internal medicine clearance for this 35-year-old male with no documented co-morbidities. Therefore, this request for internal medicine clearance is not medically necessary.