

Case Number:	CM14-0137595		
Date Assigned:	09/05/2014	Date of Injury:	09/10/2013
Decision Date:	10/03/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/25/2014

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 Pennsylvania. 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 45-year-old female who sustained a vocational injury on 09/10/13, when she fell backward, striking her head, and felt left hip pain. The medical records provided for review included the office note dated 8/14/14, at which time it was noted that the claimant had 20% improvement of the left hip. Physical examination revealed that there was no swelling, deformity, or effusion, no bone or joint mal-alignment. Active range of motion was within normal limits and symmetric. She had tenderness to palpation over the greater trochanter. There was no skin hypersensitivity and no pain with range of motion. Her left hip was stable and tracked well with range of motion, with no instability upon manipulation or weight-bearing. The claimant had a positive Faber's test, negative Trendelenburg's sign, and no discrepancy with limb leg length. She had 5/5 strength of all dermatomes of the lower extremity and sensation and deep tendon reflexes were within normal limits of the bilateral lower extremities. X-rays of the left hip from 06/20/14 showed evidence of degenerative changes with mild acetabular osteoarthritis. The report of an MRI of the left hip from 07/24/14 showed minimal spurring of the left hip without acute osseous, tendinous, or labral abnormality. The claimant was noted to have undergone 12 sessions of physical therapy with minimal relief. She was noted to have utilized a TENS unit to help alleviate her hip pain. She had been utilizing Norco, Nortriptyline, and Naproxen, which provided approximately 15% relief of her symptoms. The claimant was given the diagnosis of left hip greater trochanteric bursitis, left hip osteoarthritis, and lumbar radiculopathy. This request is for a general orthopedic consultation for the left hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

General orthopedic consult for the left hip: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004): Chapter 7, page 127

Decision rationale: ACOEM Guidelines recommend that consultations are typically requested to aid in diagnosis, prognosis, therapeutic management, and determination of medical stability, permanent residual loss and/or examination of fitness for return to work. The consultant is usually asked to act in an advisory capacity but may sometimes take full responsibility for investigation and/or treatment of examinee or patient. Documentation presented for review suggests the claimant has subjective complaints as well as some objectively abnormal physical exam findings of the left hip which have failed to respond to appropriate initial conservative treatment. At this time it is medically reasonable to proceed with a consultation with an orthopedic specialist for ongoing complaints of left hip pain based on ACOEM Guidelines.