

Case Number:	CM14-0036231		
Date Assigned:	06/25/2014	Date of Injury:	03/11/2010
Decision Date:	07/22/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/25/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 51-year-old female who reported an injury on 03/11/2010. The mechanism of injury is unknown. The injured worker's treatment history included right knee arthroscopy, psychological support, Synvisc injections, physical therapy, activity modifications, and rest. The injured worker was evaluated on 01/27/2014. It was documented that the injured worker underwent an MRI of the right hip on 11/21/2011 that did not identify any significant abnormalities. Physical findings at that appointment documented painful range of motion of the right hip. A request was made for referral to a hip specialist for evaluation and treatment and for pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to hip specialist, evaluation/treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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) 6, page(s) 163.

Decision rationale: The requested Referral to hip specialist, evaluation/treatment is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends specialty consultations for complex cases that require additional expertise to assist with treatment planning. The clinical documentation submitted for review does indicate that the injured worker has multiple body part complaints. However, the clinical documentation submitted for review does not provide any support that there are significant deficits of the right hip that interfere with the injured worker's functionality and would require additional treatment beyond what is provided in the scope of practice of the treating provider. It is also noted within the documentation that the injured worker underwent an MRI in 2011 that did not identify any significant deficits of the right hip. Therefore, the need for a hip specialist is not supported in this clinical situation. As such, the requested Referral to hip specialist, evaluation/treatment is not medically necessary or appropriate.