

Case Number:	CM14-0036607		
Date Assigned:	06/25/2014	Date of Injury:	11/09/2012
Decision Date:	09/10/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/26/2014

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 Texas and Oklahoma. 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:

Medical Records reflect a 41 year old claimant who sustained an 11-9-12 injury. He is status post ORIF distal radius and status post left shoulder open Bankhart repair. He had left knee surgery in April 2013. On 5-5-14, ██████████ noted the claimant has been provided with a diagnosis of hip labral tear, chondromalacia left hip and hip arthralgia. The claimant continues with left hip pain and recommendations have been made for the claimant to see ██████████ ██████████, who performs arthroscopic surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transfer of Care to Hip Surgeon ██████████ ██████████: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd edition: Chapter 7; Independent Consultations, 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) page 127.

Decision rationale: Medical Records reflect a 41 year old claimant who sustained an 11-9-12 injury. He is status post ORIF distal radius and status post left shoulder open Bankhart repair. He

had left knee surgery in April 2013. The claimant continues with left hip pain and recommendations have been made for the claimant to see [REDACTED], who performs him arthroscopic surgery. Medical records mention he had a hip arthrogram, but the results of this test have not been provided. There is a request for transfer of Care to Hip Surgeon [REDACTED] [REDACTED] notes the claimant has a torn left hip labrum. However, objective documentation has not been provided. Therefore, based on the records provided, the request for transfer of care to Hip Surgeon [REDACTED] is not reasonable or medically necessary.