

<b>Case Number:</b>	CM14-0064459		
<b>Date Assigned:</b>	09/29/2014	<b>Date of Injury:</b>	12/07/2012
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 Texas and Colorado. 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 26-year-old female who reported an injury on 12/07/2012. The mechanism of injury was not submitted for clinical review. The diagnoses included lumbar sprain/strain with radiculitis, bilateral hip sprain/strain. The previous treatments included medication, acupuncture, and chiropractic session. Within the clinical note dated 03/25/2014 it was reported the injured worker complained of low back pain and bilateral anterior hip pain. Upon the physical examination the provider noted the injured worker had a positive Patrick's/faber test on the right, positive Kemp's test bilaterally, and there was pain with the range of motion in the right hip, and lumbar spine. The range of motion of the lumbar spine was noted to be flexion at 40 degrees and extension at 15 degrees. Range of motion of the right hip was noted to be flexion at 80 degrees and extension at 20 degrees. The provider requested an orthopedic consultation for the bilateral hips. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic Consult For The Right Hip:** 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), updated guidelines, Chapter 6, page 163

**Decision rationale:** The request for Orthopedic consult for the right hip is not medically necessary. The California MTUS/ACOEM Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, and/or examinee's fitness to return to work. The provider failed to document an adequate rationale warranting the medical necessity for the request. There is a lack of documentation submitted indicating the provider intended the injured worker to undergo surgery. Therefore, the request is not medically necessary.