

Case Number:	CM14-0086410		
Date Assigned:	07/23/2014	Date of Injury:	08/24/2012
Decision Date:	09/29/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/09/2014

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 Nevada. 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 50-year-old female who was reportedly injured on August 24, 2012. The mechanism of injury is noted as lifting a heavy object. The most recent progress note dated May 22, 2014, indicates that there are ongoing complaints of right hip pain. Current medications included a stool softener, hydrochlorothiazide, Hydrocodone/APAP, and Tylenol extra strength. The physical examination demonstrated guarded range of motion of the right hip with pain. There was some clicking with active flexion without internal or external snapping. Diagnostic imaging studies of the lumbar spine showed a mild right sided L5 - S1 foraminal stenosis. A right hip magnetic resonance image was stated to be normal study. Previous treatment includes physical therapy, oral medications, and the use of a cane. A request was made for a right hip arthroscopy with debridement and was not certified in the pre-authorization process on June 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Hip Arthroscopy with Debridement Pre-operative Laboratory Workup between 5/30/14 and 7/14/14: 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 Official Disability Guidelines (ODG), Hip and Pelvis, Arthroscopy.

Decision rationale: According to the medical record the injured employee has had a previous magnetic resonance image the right hip dated July 5, 2013 which was stated to be normal study. A subsequent magnetic resonance image was stated to show subtotal signal abnormalities of the anterior labrum, however copies of this report are not available. Additionally no intra-articular steroid injections were performed to identify the joint as the source of the injured employee's pain. For these reasons, this request for a right hip arthroscopy with debridement and a preoperative laboratory workup is not medically necessary.

Assistant Surgeon between 5/30/14 and 7/14/14: 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 Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Surgical Assistant, Updated August 22, 2014.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

12 Post-operative Physical Therapy Pre-operative Laboratory Workup between 5/30/14 and 7/14/14: 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 Official Disability Guidelines (ODG), Hip and Pelvis, Physical Therapy, Updated March 25, 2014.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative Laboratory Workup between 5/30/14 and 7/14/14: 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 Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Preoperative Lab Testing, Updated August 22, 2014.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.