

Case Number:	CM14-0193945		
Date Assigned:	12/01/2014	Date of Injury:	07/03/2011
Decision Date:	01/14/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/19/2014

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, has a subspecialty in Interventional Spine 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 patient is a 49 year old female with an injury date of 07/03/11. Based on the 10/14/14 and 07/22/14 progress reports provided by treating physician, the patient complains of right buttock, outer hip and groin pain. Physical examination to the lumbosacral region on 07/22/14 and 10/14/14 revealed tenderness to palpation to right buttock, outer hip and groin. Range of motion was restricted, especially on extension, due to right buttock pain. Hip rotation provoking on the right. Patient has had extensive physical therapy and chiropractic. Patient underwent sacroiliac injection 07/08/14 by treater without improvement. Treater is requesting referral to orthopedic surgeon who has previously performed right hip procedure to patient due to labral tear. MRI shows evidence of mild bilateral L5-S1 foraminal stenosis. No diagnosis provided. The utilization review determination being challenged is dated 10/21/14. Treatment reports were provided from 05/09/14 - 10/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow -Up Office Visit With An Orthopedic Surgeon: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): Chapter 7 Independent Medical Examinations and 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) ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127

Decision rationale: The patient presents with right buttock, outer hip and groin pain. The request is for FOLLOW UP OFFICE VISIT WITH AN ORTHOPEDIC SURGEON. Physical examination to the lumbosacral region on 07/22/14 and 10/14/14 revealed tenderness to palpation to right buttock, outer hip and groin. Range of motion was restricted, especially on extension, due to right buttock pain. Hip rotation provoking on the right. MRI shows evidence of mild bilateral L5-S1 foraminal stenosis. Patient has had extensive physical therapy and chiropractic. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Per progress report dated 10/14/14, patient underwent sacroiliac injection 07/08/14 by treater without improvement. Treater is requesting referral to orthopedic surgeon who has previously performed right hip procedure to patient due to labral tear. It would appear that the current treater feels uncomfortable with the medical issues and has requested for transfer to specialist. Given the patient's condition, orthopedic surgeon consult appears reasonable. The request IS medically necessary.