

Case Number:	CM15-0191893		
Date Assigned:	10/05/2015	Date of Injury:	02/02/2015
Decision Date:	11/18/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/29/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 55 year old male patient who sustained an industrial injury on 2-2-15. The diagnoses include status post right shoulder open surgery, left hip grade III AC separation and left hip joint closed fracture dislocation. Per the doctor's note dated 9-16-15, he had complains of left hip pain. He has surgery scheduled for 9-22-15 for the left hip. The physical exam revealed mild groin pain with passive range of motion-flexion and internal rotation. The medications list includes Advil. The medications list for post operative use includes zofran, percocet and senokot. Per the records provided patient had EKG on 4/15/15 with abnormal findings sinus bradycardia, non specific QRS widening and anterior fascicular block; echocardiogram dated 6/12/15 which revealed grade I diastolic dysfunction, mild dilated left atrium, mild right ventricular enlargement, borderline dilated right atrium and trivial pulmonic regurgitation. He has had MRI of the left hip dated 3-27-15 which revealed posterior acetabular fracture with mild displacement, bone marrow edema, soft tissue edema; X-rays left hip-femur dated 4-15-15 which revealed a cam lesion with no obvious fracture; left hip CT scan dated 4/27/15. He has undergone right open shoulder surgery on 6-25-15. He has undergone left hip arthroscopic surgery on 9/22/15. He has had physical therapy (14 sessions for the shoulder as of 9-10-15) for this injury. The request for authorization dated 9-16-15 was for physician's assistant to assist with surgery. On 9-21-15 Utilization Review non-certified the request for physician's assistant for surgery of the left hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physician assistant for the surgery (left hip): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; American Academy of Orthopaedic Surgeons.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Background On Development of ODG Treatment, Procedure Summary, Indications for Surgery.

Decision rationale: Physician assistant for the surgery (left hip). Per the cited guidelines, While ODG includes evidence-based recommendations for surgical procedures used in workers' compensation cases, ODG does not attempt to provide detailed guidance on surgical technique, operating tools required, necessary anesthesia, or postoperative follow-up visits, because those decisions are best made by the operating team (including the surgeons, OR nurses, and anesthesiologists). Consequently, when a surgical procedure is approved based on ODG, this approval should also cover the appropriate anesthesia and other ancillary services, unless otherwise specified. Per the records provided patient was scheduled for left hip surgery on 9/22/15. He had left hip grade III AC separation and left hip joint closed fracture dislocation. Per the records provided patient had EKG on 4/15/15 with abnormal findings sinus bradycardia, non specific QRS widening and anterior fascicular block. echocardiogram dated 6/12/15 revealed grade I diastolic dysfunction. In the context of a significant injury causing a hip fracture dislocation, along with the presence of cardiac abnormalities, additional help by a Physician assistant during the surgery is deemed medically appropriate and necessary in this patient to assist the surgeon. The request for Physician assistant for the surgery (left hip) is medically appropriate and necessary for this patient.