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| Case Number: | CM14-0136179 | | |
| Date Assigned: | 09/03/2014 | Date of Injury: | 06/07/2013 |
| Decision Date: | 10/09/2014 | UR Denial Date: | 08/01/2014 |
| Priority: | Standard | Application Received: | 08/25/2014 |

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 Surgeon and is licensed to practice in Texas. 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 44 year old male who reported an injury on 06/07/2013. The mechanism of injury occurred when he was hit in the back by a truck that was backing up. His diagnoses included lumbar spine strain, right hip pain, and right labrum tear. His past treatments consisted of steroid injections and medications. The injured worker's diagnostic exams included an MRI on 01/28/2014 that revealed a labral tear. His surgical history was not indicated in the clinical notes. On 07/09/2014, the injured worker complained of pain, which he rated 7/10. The pain affected his ability to walk, stand, sit, kneel, squat, lift and climb stairs. The physical exam revealed 50 % improvement overall, but his hip range of motion remained at 50%. There were no physical therapy notes to corroborate this information. He also had a positive load test and a positive Fabere test. There was also decreased deep tendon reflexes to his right/left patellar and right/left Achilles. His medications consisted of Ibuprofen and Omeprazole. The treatment plan included an orthopedic consultation of the right hip, an unspecified treatment of the right hip, and the continuation of his medications. The rationale for the request was not indicated in the clinical notes. The Request for Authorization form was signed and submitted on 07/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic consultation, right hip per report dated 7/9/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 112 and 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis, Office visits

Decision rationale: The request for an orthopedic consultation of the right hip is not medically necessary. The Official Disability Guidelines recommends office visits for the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. Based on the clinical notes the injured worker had complaints of right hip pain and discomfort since the initial injury. The documentation indicated that the injured worker had a labral tear as a result of the primary injury. An orthopedic evaluation performed on 01/28/2014, identified a labral tear by viewing an MRI performed on 01/28/2014. The clinical notes from that evaluation indicated that the orthopedic physician recommended a right hip arthroscopy with accompanying post-operative therapy. There have been at least two attempts to request this surgery to no avail. However, the request for a re-evaluation of the right hip is unwarranted due to the fact that injured worker has been assessed by an orthopedic specialist whom gave his recommendation already. A subsequent evaluation is not supported. Therefore, the request for an Orthopedic Consultation of the right hip is not medically necessary.

Unspecified treatment, right hip per report dated 7/9/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the primary request is not medically necessary, this associated service is also not medically necessary.