MAXIMUS Federal Services

Case Number:	CM14-0026523		
Date Assigned:	06/16/2014	Date of Injury:	06/07/2013
Decision Date:	08/15/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/03/2014

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 General Surgery and is licensed to practice in New York. 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 medical records indicate that the patient has chronic right hip pain. The MRI report of the right hip is not present in the medical records. The patient is a 43-year-old with a date of injury of June 7, 2013. MRI from August 2013 is read by the surgeon and shows anterior lateral labral tear with chondral delamination. There is an obvious femoral neck impingement lesion. There is no official reading the MRI by radiologist and the medical records. Physical examination demonstrates antalgic gait. There is no snapping of the hip. There is no tenderness. Patient is diagnosed with a symptomatic labral tearing and chronic bursitis. At issue is whether surgical treatment is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

SURGICAL ASSISTANT = PA: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

PRE-OP MEDICAL CLEARANCE: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

INITIAL POST OP PT 2-3 X PER WEEK FOR 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 cite any medical evidence for its decision.

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

OPERATIVE ARTHROSCOPY LABRAL REPAIR 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 Official Disability Guidelines (ODG), Hip Chapter.

Decision rationale: This patient does not meet criteria for a hip surgery. Specifically the medical records do not contain an official report of the MRI as read by radiologist. An official report of the MRI from her radiologist must be present verifying that the patient has pertinent hip pathology. Criteria for hip surgery not met and thus the request is not medically necessary.

RIGHT HIP ACETABULAR TAKEDOWN, FEMORAL NECK RESECTION: 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 Chapter.

Decision rationale: This patient does not meet criteria for a hip surgery. Specifically the medical records do not contain an official report of the MRI as read by radiologist. An official report of the MRI from her radiologist must be present verifying that the patient has pertinent hip pathology. Criteria for hip surgery not met thus the request is not medically necessary.

BURSECTOMY AND POSSIBLE ABDUCTOR REPAIR 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 Official Disability Guidelines (ODG), Hip Chapter.

Decision rationale: This patient does not meet criteria for a hip surgery. Specifically the medical records do not contain an official report of the MRI as read by radiologist. An official report of the MRI from her radiologist must be present verifying that the patient has pertinent hip pathology. Criteria for hip surgery not met and thus the request is not medically necessary.

POST - OP CRUTCHES: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

POST - OP ANTIEMBOLISM STOCKINGS: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

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

POST - OP VASCUTHERM: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.