

<b>Case Number:</b>	CM13-0064816		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	01/11/2010
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	12/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2013

### 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: Florida

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:

The injured worker (IW) is a 69-year-old male who sustained an industrial injury on 01/11/2010. The IW's injury involved the left groin area. Diagnoses include left sacroiliac joint dysfunction; left hip arthralgia, left hip moderate degenerative joint disease; status post hernia repair (2010 and 2011) and left hip probable avascular necrosis. Treatment to date has included medications, physical therapy and left inguinal injection. Diagnostics performed include x-rays, EMG/NCS and an MRI. According to the progress notes dated 8/6/13, the IW reported ongoing pain in the left hip region; there was deep left groin pain with left hip motion. He had two previous hernia repairs in the left inguinal area. The requested service was part of the provider's treatment plan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hip replacement specialist one times one (consultation): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation occupational practice medicine guidelines, page(s) 2-3.

**Decision rationale:** This request is for a hip specialist consultation. The utilization review physician did not certify this request since the accepted body part in this workman's compensation claim is the left lower abdomen, where he has had to have two hernia repairs. Apparently, the left hip is not an accepted body part. A 4/2013 MRI showed possible avascular necrosis of the femoral head. Likewise, this request is not considered medically necessary in accordance with this patient's accepted work man's compensation injuries.

**Potty chair with hand rails:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Functional Decline in Older Adults. AAFP. CATHLEEN S. COLÓN-EMERIC, MD, MHS; HEATHER E. WHITSON, MD, MHS; JULIESSA PAVON, MD; and HELEN HOENIG, MD, Duke University Medical Center, Durham, North Carolina Am Fam Physician. 2013 Sep 15;88(6):388-394.

**Decision rationale:** A potty chair with hand rails has been requested since the patient has difficulty squatting due to left hip pain. The utilization review physician acknowledged that this request is medically necessary, but did not certify the request since the accepted body part in this workman's compensation claim is the left lower abdomen, where he has had to have two hernia repairs. Apparently, the left hip is not an accepted body part. A 4/2013 MRI showed possible avascular necrosis of the femoral head. Likewise, this request is not considered medically necessary in accordance with this patient's accepted work man's compensation injuries.