MAXIMUS Federal Services

Case Number:	CM14-0218264		
Date Assigned:	01/07/2015	Date of Injury:	04/11/2013
Decision Date:	03/06/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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: New York, New Hampshire, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 57 year old female with a work related injury dated 04/11/2013. Mechanism of injury not noted in received medical records or in Utilization Review report. According to a primary physician's report dated 12/08/2014, the injured worker presented for a follow up of right hip and lower back with complaints of constant ache in her lower back and right hip. Diagnoses included chronic lumbar and right hip strain, right trochanteric bursitis, right hip labral tears, lumbar radicular pain, underlying lumbar degenerative disc changes, and status post right knee arthroscopic partial meniscectomy and patella-femoral chondroplasty on 11/09/2013. Additional treatments noted include medications. No diagnostic testing included in progress note dated 12/08/2014. Work status is noted as return to modified work on 11/10/2014 with restrictions of no lifting over 15-20 pounds, no squatting, kneeling, and crawling and remain off work if restrictions cannot be accommodated.On 12/10/2014, Utilization Review non-certified the request for Unspecified Right Hip Surgery citing California Medical Treatment Utilization Schedule Guidelines and American College of Occupational and Environmental Medicine. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient unspecified right hip surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 350. Decision based on Non-MTUS Citation odg hip chapter Other Medical Treatment Guideline or Medical Evidence: American Academy of Orthopaedic Surgeons: Orthopaedic Knowledge Update: Hip and Knee Reconstruction 4, Rosemont, Ill 2013 Andrew H. Glassman, MD, Paul F. Lachiewicz, MD, and Michael Tanzer, MD

Decision rationale: Hip surgery is not medically necessary. There is no adequate trial and failure of conservative measures to include PT. The American Academy of Orthopaedic Surgeons publication on Hip and Knee Surgery does not recommend surgery without a significant trial and failure of conservative measures to include physical therapy and or injections into the hip. Not enough information is present in the medical records to justify the need for hip surgery at this time.