

Case Number:	CM15-0170064		
Date Assigned:	09/04/2015	Date of Injury:	04/19/2012
Decision Date:	10/07/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/28/2015

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: North Carolina

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 is a 40 year old male who sustained an industrial injury on 04-19-12. Initial complaints include bilateral hip injury. Initial diagnoses are not available. Treatments to date include medications, lumbar fusion, injections, and left wrist surgery. Diagnostic studies are not addressed. Current complaints include pain in the bilateral hips. Current diagnoses include degenerative disease of the bilateral hips. In a progress note dated 08-06-15, the treating provider reports the plan of care as a referral to a surgeon who performs total hip replacements. The requested treatments include a referral to a surgeon who performs bilateral hip replacements. The QME report dated 06-21-13 reports that the injured worker needs bilateral hip replacements.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to hip surgeon for evaluation and treatment for total hip replacements, bilateral hips Qty:1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

Decision rationale: Per the ACOEM :The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient upon review of the provided medical records has ongoing hip pain despite conservative therapy. The referral for surgical consult would thus be medically necessary and approved.