

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/23/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 8/5/2013
Date of Injury: 3/25/2003
IMR Application Received: 8/19/2013
MAXIMUS Case Number: CM13-0012772

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 50-year-old female who reported a work-related injury on 03/25/2003, as a result of a cumulative trauma. The patient presents for treatment of the following diagnoses: chronic musculoligamentous back pain, chronic trochanteric bursitis right hip, chronic trochanteric bursitis left hip, patellar tracking disorder right knee, patellar tracking disorder left knee, early degenerative osteoarthritis bilateral knees, and diffuse osteoarthritic pain. The clinical note dated 07/16/2013 reports the patient was seen in clinic under the care of Dr. [REDACTED]. The provider documents the patient continues to present with left hip, bilateral knee, and left foot pain. Previous requests for continued treatment for the left hip have included referral to a tertiary center for left hip arthroscopy for documented labral tear. The provider documents the patient has had treatment for bilateral knee pain. The provider documented upon physical exam of the patient, tenderness on palpation of the hips was noted. The hips did not show full range of motion and pain was listed at extreme limits of the range of hip motion.

IMR DECISION(S) AND RATIONALE(S)

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

1. Referral for a left hip arthroscopy and possible labral repair is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) Hip and Pelvis Chapter, Arthroscopy, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Official Disability Guidelines (ODG) Hip and Pelvis Chapter, Arthroscopy, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

The current request previously received an adverse determination due to a lack of official imaging of the patient's left hip to support the requested interventions. The clinical notes currently reviewed revealed MRI imaging of the patient's right hip; however, there continues to be a lack of submission of imaging of the patient's left hip to support the requested operative procedure and referral. As Official Disability Guidelines indicate, "hip arthroscopy is recommended when the mechanism of injury and physical exam findings strongly suggest the presence of a surgical lesion." Without submission of the official imaging report of the patient's left hip, the current request cannot be supported. As such, the request for referral for left hip arthroscopy, possible labral repair is not medically necessary or appropriate.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

CM13-0012772