

# US Decisions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Oct/17/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

05/13/2010– 30-day supply of Hydrocodone Bitartrate and Acetamin/500; 06/10/2010– 30-day supply of Hydrocodone Bitartrate and Acetamin/500; 07/12/2010– 30-day supply of Hydrocodone Bitartrate and Acetamin/500; 08/12/2010– 30-day supply of Hydrocodone Bitartrate and Acetamin/500; 09/11/2010– 30-day supply of Hydrocodone Bitartrate and Acetamin/500; 10/08/2010– 30-day supply of Hydrocodone Bitartrate and Acetamin/500; 10/18/2010– 30-day supply of Hydrocodone Bitartrate and Acetamin/500; 11/15/2010– 30-day supply of Hydrocodone Bitartrate and Acetamin/500; 12/13/2010– 30-day supply of Hydrocodone Bitartrate and Acetamin/500; 01/10/2011– 30-day supply of Hydrocodone Bitartrate and Acetamin/500; 02/10/2011– 30-day supply of Hydrocodone Bitartrate and Acetamin/500; 03/11/2011– 30-day supply of Hydrocodone Bitartrate and Acetamin/500 ; 04/07/2011– 30-day supply of Hydrocodone Bitartrate and Acetamin/500; 05/02/2011– 30-day supply of Hydrocodone Bitartrate and Acetamin/500; 06/01/2011– 30-day supply of Hydrocodone Bitartrate and Acetamin/500; and 06/29/2011– 30-day supply of Hydrocodone Bitartrate and Acetamin/500

**DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

M.D., Board Certified Family Practice

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Official Disability Guidelines and Treatment Guidelines  
DWC Form 62, 8/2/11  
DWC Form 62, 8/2/11  
Request for IRO dated 08/30/11  
Clinical records Dr. dated 08/15/11  
Physical examination Dr. dated 05/17/11  
Designated doctor evaluation dated 03/30/11  
Second opinion of MRI lumbar spine dated 02/10/09  
Second opinion of MRI right hip dated 02/24/09  
Second opinion of MR arthrogram of hip dated 05/26/10  
RME report 03/17/10  
Addendum to RME report dated 03/20/10  
Designated doctor evaluation 07/08/09  
Clinical Records Dr. dated 04/20/10 to 09/13/11

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a female who sustained a work related injury on xx/xx/xx. It is reported on the date of injury that while at work she and a coworker were in the act of lifting a client who weighed approximately 200 pounds from a sitting position. The client was being lifted and suddenly went limp with dead weight and fell to the ground. The claimant describes a right lateral flexion with rotation and twisting of her right hip. She felt a snap and a pop in her right hip and had the sudden onset of pain. She had difficulty walking on it. She subsequently sought medical care. She underwent MRI of the lumbar spine which was normal for her age group without evidence of disc herniation or stenosis. She was later seen by Dr. an orthopedist.

She underwent MRI and MR arthrogram which identified a labral tear. The claimant underwent multiple DD and RME examinations and was ultimately approved for right hip surgery which was performed on 07/14/11. This resulted in excision and debridement of a torn anterior labrum. She subsequently has been referred to post-operative physical therapy. The claimant required an I&D for a groin abscess on 09/11/11. She is currently receiving antibiotic therapy.

#### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION**

Upon independent review, the reviewer finds that the previous adverse determination in this case should be overturned. The available clinical records indicate that the claimant sustained a significant injury to the labrum of her hip. This is a painful injury and the records demonstrate that her treatment was protracted due to administrative issues. She was ultimately identified as having a labral tear and was taken to surgery on 07/14/11. The provision of Hydrocodone acetaminophen would be supported under both pain management guidelines and Official Disability Guidelines given that the claimant underwent a protracted course of conservative treatment pending eventual approval of surgery. The reviewer finds there is medical necessity for: 05/13/2010– 30-day supply of Hydrocodone Bitartrate and Acetamin/500; 06/10/2010– 30-day supply of Hydrocodone Bitartrate and Acetamin/500; 07/12/2010– 30-day supply of Hydrocodone Bitartrate and Acetamin/500; 08/12/2010– 30-day supply of Hydrocodone Bitartrate and Acetamin/500; 09/11/2010– 30-day supply of Hydrocodone Bitartrate and Acetamin/500; 10/08/2010– 30-day supply of Hydrocodone Bitartrate and Acetamin/500; 10/18/2010– 30-day supply of Hydrocodone Bitartrate and Acetamin/500; 11/15/2010– 30-day supply of Hydrocodone Bitartrate and Acetamin/500; 12/13/2010– 30-day supply of Hydrocodone Bitartrate and Acetamin/500; 01/10/2011– 30-day supply of Hydrocodone Bitartrate and Acetamin/500; 02/10/2011– 30-day supply of Hydrocodone Bitartrate and Acetamin/500; 03/11/2011– 30-day supply of Hydrocodone Bitartrate and Acetamin/500 ; 04/07/2011– 30-day supply of Hydrocodone Bitartrate and Acetamin/500; 05/02/2011– 30-day supply of Hydrocodone Bitartrate and Acetamin/500; 06/01/2011– 30-day supply of Hydrocodone Bitartrate and Acetamin/500; and 06/29/2011– 30-day supply of Hydrocodone Bitartrate and Acetamin/500.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION**

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

Laxmaiah Manchikanti, MD, et al. American Society of Interventional Pain Physicians Practice Guidelines. Pain Physician, Volume 4, Number 1, 2001.