

Case Number:	CM13-0009490		
Date Assigned:	03/19/2014	Date of Injury:	04/21/2008
Decision Date:	06/10/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/09/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 57-year-old gentleman who sustained a right lower extremity injury on April 21, 2008. The records provided for review document the patient's past medical history includes right total hip arthroplasty, performed in 2000. A September 16, 2013, progress note reports complaints of hip and low back pain. It states that the claimant is currently undergoing treatment, including facet joint injections, for chronic low back complaints. The claimant is noted to be narcotic dependent and currently on a regimen of Suboxone. Physical examination of the hip showed a slow gait pattern, tenderness to the right buttock, hip tenderness to palpation and limited knee strength. The claimant was diagnosed with traumatic arthropathy. Medications were continued, and the recommendation was made for right hip arthroscopy/bursectomy with abductor repair. Supporting imaging studies include an interoffice ultrasound that revealed a possible abductor tear. The report of plain film radiographs demonstrated a well-seated, fixed and aligned total hip arthroplasty. The records indicate that the claimant has undergone more than 20 injections since the time of injury for treatment of greater trochanteric bursitis. This review is for right hip arthroscopy/bursectomy with abductor repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT HIP ARTHROSCOPY/BURSECTOMY, ABDUCTOR REPAIR: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip Procedure – Arthroscopy.

Decision rationale: California MTUS Guidelines do not address hip arthroscopy. According to Official Disability Guidelines (ODG), the use of arthroscopy to achieve greater trochanteric bursectomy would not be supported. Indications for hip arthroscopy include symptomatic labral tearing, hip capsule instability, assessment of chondral injuries and lesions, as well as potential intervention for underlying infectious joint processes. The clinical records do not provide findings that would support the use of arthroscopy following total hip arthroplasty in a manner consistent with the ODG Guidelines criteria. Furthermore, greater trochanteric bursitis is not a diagnosis for which guidelines criteria recommend arthroscopic intervention. Therefore, the request for right hip arthroscopy/bursectomy, abductor repair is not medically necessary and appropriate.

CPM RENTAL, 14 DAYS: Upheld

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 Procedure - Continuous-Flow Cryotherapy See Knee Chapter.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.