MAXIMUS Federal Services

Case Number:	CM13-0024398		
Date Assigned:	11/20/2013	Date of Injury:	01/23/2010
Decision Date:	01/30/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/16/2013

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 Michigan, Nebraska, and 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. 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 patient is a 37-year-old male who reported an injury on 01/23/2010. The mechanism of injury was not provided. The patient was noted to have undergone a left hip arthroscopy. The patient had a nuclear medicine scan on 07/29/2013, which revealed a negative bone scan of the lumbosacral spine, bilateral hips, and bilateral knees. The patient was noted to have significant tenderness in the lateral as well as the anterior aspect of the hip. There was noted to be palpable heterotrophic ossification. The patient was noted to have pain with flexion of the hips past 80 degrees and pain with limited internal and external rotation motion approximately 20 degrees in each direction. The diagnoses were noted to include heterotrophic ossification left hip and status post left hip arthroscopy with continued pain. The request was made for a Left hip arthroscopy with removal fo the bony growth of heterotopic ossification, Pre Op (basic Prognosis, urinalysis (UA), Chem. Panel, electrocardiogram (EKG), Assistant to [redacted], and Post op physical therapy 2x6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left hip arthroscopy with removal fo the bony growth of heterotopic ossification: 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 Pelvis (acute & chronic) procedure summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis Chapter, Online Version, but does not address heterotropic ossification, and Other Medical Treatment Guideline or Medical Evidence: Wheeless Orthopaedic Textbook online.

Decision rationale: The Official Disability Guidelines (ODG) indicate that an arthroscopy is performed for hip capsule laxity, or instability. The clinical documentation submitted for review failed to indicate the patient had hip capsule laxity or instability. The patient was noted to have heterotrophic ossification. The Official Disability Guidelines does not address heterotrophic ossification. Per Wheeless Orthopaedic Textbook online, if heterotropic ossification has caused the loss of motion, some recommend allowing process to mature (sharp cortical and trabecular markings) before operative resection; some recommend waiting 12 months before operative resection. The patient was noted to have a heterotropic ossification in October of 2012 and it was noted to be felt in the office note of 08/30/2013 and the ossification removal would be supported, however, given the lack of documentation indicating the necessity of a left hip arthroscopy, the request is not medically necessary.

Pre Op (basic Px, UA, Chem. Panel, EKG): 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), Low Back Chapter, Preoperative Testing, Online Version.

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

Assitant to Dr. Hughes: 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 Other Medical Treatment Guideline or Medical Evidence: The Physician's 2011, Physicians as Assistants at Surgery.

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

Post op physical therapy 2x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 23.

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