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| <b>Case Number:</b>   | CM13-0037288 |                              |            |
| <b>Date Assigned:</b> | 12/13/2013   | <b>Date of Injury:</b>       | 06/06/2011 |
| <b>Decision Date:</b> | 02/11/2014   | <b>UR Denial Date:</b>       | 08/30/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/27/2013 |

### 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 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 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. 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 33-year-old female who was injured in a work related accident on 06/06/11. The records indicate an injury to the left hip. Clinical records for review indicate an 11/07/13 progress report with [REDACTED], stating continued complaints of pain about the hip wishing to proceed with surgical arthroscopy secondary to a sharp "catching type pain." She continues to use large doses of medications to "treat her pain." Objectively, there were impingement signs with hip motion. The plan at that time was for a hip arthroscopy for further treatment. Previous assessment by [REDACTED] of 09/27/13 also indicated exam findings that showed tenderness to the groin with restricted motion, positive impingement and dysesthesias to the lower extremities. It stated at that time that she had failed care including medication management and home exercises. He did state at that time that the claimant's MRI scan "did not correlate well with her current degree of discomfort." Review of MRI report showed evidence of early degenerative changes. Other forms of conservative care and treatment are unclear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hip arthroscopy with femoral osteoplasty and rim trim:** 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)-- Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: hip procedure - Arthroscopy Recommended when the mechanism of injury and physical examination findings strongly suggest the presence of

**Decision rationale:** California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, the role of hip arthroscopy in this case would not be indicated. Guideline criteria for the role of arthroscopy to the hip indicates need of establishing an indication which has shown to be beneficial in the arthroscopic setting. Guidelines states that only in rare cases would hip arthroscopy be used to treat mild to moderate hip osteoarthritis with mechanical symptoms. The claimant's clinical imaging demonstrates mild osteoarthritic changes with no documentation of internal derangement to support the acute need of an arthroscopic procedure. Given the claimant's current clinical presentation as well as [REDACTED] prior assessments that indicate "pain out of proportion" to what was expected on imaging findings, the role of the procedure would not be indicated.