MAXIMUS Federal Services

Case Number:	CM13-0037656		
Date Assigned:	12/18/2013	Date of Injury:	02/20/2011
Decision Date:	02/18/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/23/2013

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.

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 54-year-old gentleman who sustained an injury to his right hip in a work related accident on February 20, 2011. Specific to the right hip, records indicated a recent September 25, 2013 orthopedic follow up with [redacted] where the claimant was diagnosed with right hip labral tear. Radiographs of the right hip reviewed on that date showed early degenerative changes with an MRI scan showing "some irregularities and chondral surface changes suggestive of early arthritic change". [redacted] indicated that it is not an arthrogram nor is it focused on the "hip joint". The claimant had continued complaints and a surgical arthroscopy was recommended for further definitive care. Physical examination showed pain with hyperflexion of the hip with "catching". There was pain at endpoints with a guarded hip motion examination. There was no documentation of radicular symptoms, conservative care is unclear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for 1 right hip arthroscopy with debridement and acetabuloplasty under anesthesia: 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.

Decision rationale: Based on Official Disability Guideline criteria as California ACOEM Guidelines are silent, a right hip arthroscopy with debridement would not be indicated. At present, the claimant's current clinical presentation does not meet any symptomatic indication for arthroscopy. Arthroscopy is not recommended for the sole purpose of treating mild to moderate hip arthrosis which is noted by the claimant's clinical imaging reviewed. The treating physician clearly indicates that claimant's MRI scan was not an arthrogram, nor does it demonstrate specific pathology of the hip other than early degenerative changes. The claimant's current diagnosis alone would not support the role of surgical procedure.

Request for 12 physical therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Hip and Pelvis (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Hip: Physical Medicine Treatment.

Decision rationale: MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, postoperative physical therapy in this case would not be indicated as the role of operative intervention has not yet been established.

Request for routine pre-op labs: Upheld

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

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.

Request for 1 assistant surgeon: Upheld

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

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