

<b>Case Number:</b>	CM13-0050319		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/20/2012
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2013

### 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 patient is a 45 year old female who reported an injury on 02/20/2012. The patient is diagnosed with intra-articular pathology of the right hip and psoas tendinopathy. The patient was seen by [REDACTED] on 11/20/2013. The patient reported near complete relief after a diagnostic injection of the hip joint. Physical examination revealed painful resisted psoas testing and decreased hip range of motion on the left. The patient also demonstrated positive Stitch Field, Log Roll, impingement test, Faber test, and McCarthy test. Treatment recommendations included a Magnetic Resonance (MR) arthrogram followed by arthroscopic surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 right hip bursectomy between 10/28/2013 and 12/12/2013: 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 & Pelvis Chapter, Arthroscopy and National Center for Biotechnology Information, U.S. National Library of Medicine. Louise H.M. Govaert, a, [low asterisk] C. Niek van Dijk, b Adelgunde V.C.M. Zeegers, c and Gerardus H.R. Al

**Decision rationale:** The Official Disability Guidelines state arthroscopy is recommended when the mechanism of injury and physical examination findings strongly suggest the presence of a surgical lesion. Although it was noted that the patient was scheduled to undergo an MR arthrogram prior to arthroscopic surgery, the results of the MR arthrogram were not submitted for this review. The patient has reported near complete relief with a diagnostic injection of the hip joint. There is no indication of a failure to respond to previous conservative treatment. Physical examination reveals only painful resisted psoas testing with slightly decreased range of motion. The medical necessity for the requested procedure has not been established. Therefore, the request for 1 right hip bursectomy between 10/28/2013 and 12/12/2013 is non-certified.