

<b>Case Number:</b>	CM13-0053663		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/20/2012
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 has a subspecialty in Spine 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 patient is an employee of [REDACTED] and has submitted a claim for right hip impingement (mixed type) with symptomatic labral tear associated with an industrial injury date of 07/20/2012. Treatment to date has included usage of cane, physical therapy, knee brace, chiropractic care, acupuncture, and medications such as tramadol, naproxen, Prilosec, and Medrox patch. Utilization review from 11/04/2013 denied the requests for post-operative anti-embolism stockings, and post-operative crutches because the proposed right hip surgery for this patient was previously deemed not necessary. Medical records from 2012 to 2013 were reviewed showing that patient complained of constant right hip pain graded 10/10 in severity radiating into the groin and down the leg. She noted popping and clicking sensations in the hip joint. This resulted to difficulties in dressing, putting on socks, shoes, doing housework, driving, and sleeping through the night. Physical examination showed tenderness at right greater trochanter. Range of motion of right hip was limited to 90 degrees of flexion, and 15 degrees of internal rotation, with presence of pain. Motor strength was graded 5/5 at all extremities. Deep tendon reflexes were equal and symmetric. Positive special tests for right hip included impingement, posterior impingement, anterior labral stress, McCarthy's hip extension, and Scour's test. Sensory was intact. Gait was antalgic. Magnetic Arthrogram of right hip, dated 02/05/2013, revealed linear imbibition of contrast at the junction of the labrum with articular cartilage of the acetabulum along superolateral aspects of the acetabulum extending into the anterosuperior aspect of the acetabulum likely related to labral tear; minimal tendinosis of the hamstring origins at the right ischial tuberosity. X-ray of pelvis, dated 09/03/2013, revealed an alpha angle of about 80 degrees; no retroversion; normal posterior wall; no joint line space narrowing with the lateral and superior segments showing approximately 4mm of space.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **POST-OPERATIVE ANTIEMBOLISM STOCKINGS:** 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) Knee and Leg Section, Compression Garments

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Section, Compression Garments

**Decision rationale:** CA MTUS does not specifically address this issue. ODG states that compression garments are recommended and are effective in the prevention of edema and deep vein thrombosis (DVT); and at healing leg ulcers and preventing progression of post-thrombotic syndrome. In this case, a note dated 09/03/2013 cited that surgery in the form of right hip arthroscopy with femoral neck resection and acetabular takedown is recommended for the patient. However, it is unclear if the surgery has been performed or approved because the medical records submitted do not include appropriate documentation, such as an operative report. Therefore, the request for post-operative antiembolism stocking is not medically necessary.

### **POST-OPERATIVE CRUTCHES:** 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) Knee and Leg Section, Walking Aids

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Section, Walking Aids

**Decision rationale:** CA MTUS does not address this issue. ODG states that walking aids (canes, crutches, and walkers) are recommended, with almost half of patients with knee pain possessing a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. In this case, the patient complained of right hip pain radiating down the leg. A note dated 09/03/2013 cited that surgery in the form of right hip arthroscopy with femoral neck resection and acetabular takedown is recommended for the patient. However, it is unclear if the surgery has been performed or approved because the medical records submitted do not include appropriate documentation, such as, an operative report. Therefore, the request for post-operative crutches is not medically necessary.