MAXIMUS Federal Services

Case Number:	CM13-0053727		
Date Assigned:	12/30/2013	Date of Injury:	07/20/2012
Decision Date:	06/23/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	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 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 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 filed a claim for right hip labral tear associated with an industrial injury date of July 20, 2012. Utilization review from November 4, 2013 denied the request for acetabular takedown right hip, femoral neck resection of the right hip, assistant surgeon, and operative arthroscopy labral repair right hip due to lack of exhaustive conservative care. Treatment to date has included medications, physical therapy, chiropractic therapy, and acupuncture therapy. Medical records from 2013 were reviewed showing the patient complaining of 10/10 constant right hip pain. The pain in the hip radiates down to the leg and into the groin and into her lower back. There is noted popping and clicking sensation in the hip joint. The patient has difficulty with activities of daily living. On examination, the patient is noted to limp on ambulation. The right hip was not noted to have clicking or snapping. There was mild tenderness over the greater trochanter. A flexion was noted to be painful and limited as well as external and internal rotation. Thomas test and Ober's test were normal. Motor strength was noted to be normal. Reflexes and sensation were also normal. Impingement test for the right hip was positive. Patrick's test was positive. Pain in the anterior joint was also positive. McCarthy's hip extension sign was positive. Scour's Test was positive. There was positive supine extension and external rotation test. An assessment of impingement of a mixed type with a symptomatic labral tear was made. A radiograph was cited showing a cam lesion laterally. An MRA from February 2013 demonstrated likely labral tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Operative Arthroscopy Labral Repair Right Hip: 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 and Pelvis, Repair of Labral tears

Decision rationale: The California MTUS does not specifically address this topic. The Official Disability Guidelines were used instead. The ODG states that repair of labral tears is recommended for patients who have failed conservative treatment. In this case, the patient was noted to have participated in physical therapy and chiropractic therapy. However, the total number of sessions completed was not indicated. It is unclear whether the patient has truly exhausted conservative management. In addition, the type of repair was not discussed in the documentation. The request for operative arthroscopy labral repair right hip is not medically necessary or approprite.

Acetabular takedown right hip: 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 and Pelvis, impingement bone shaving surgery

Decision rationale: The California MTUS do not specifically address this issue. The Official Disability Guidelines were used instead. ODG states that impingement bone shaving surgery is still under study. In this case, the patient has been suffering from chronic pain in the right hip. However, documentation of conservative treatment and and the total number of sessions completed were not indicated in the documentation. An official reading of the hip radiograph was not found in the documentation; the cited reading only mentions a cam lesion. In addition, this procedure is still under study. The request for Acetabular takedown right hip is not medically necessary or approprite.

Femoral Neck Resection of Right Hip: 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 and Pelvis, impingement bone shaving surgery

Decision rationale: The California MTUS do not address this issue. The Official Disability Guidelines were used instead. ODG states that impingement bone shaving surgery is still under study. In this case, the patient has been suffering from chronic pain in the right hip. However, documentation of conservative treatment and the total number of sessions completed were not indicated in the documentation. An official reading of the hip radiograph was not found in the documentation. In addition, this procedure is still under study. The request for femoral neck resection of right hip is not medically necessary or appropriate.

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.

Assistant PA-C: 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.