

<b>Case Number:</b>	CM13-0058512		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/19/2012
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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, and is licensed to practice in Pennsylvania. 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 claimant is a 43-year-old female who was injured on June 19, 2012 sustaining an injury to the left hip. Records for review includes a July 10, 2013 nuclear medicine bone scan that shows heterogenous uptake to the left hip and area of the claimant's prior left hip arthroplasty. Total hip arthroplasty occurred on January 8, 2013. A follow-up report with [REDACTED] of August 26, 2013 indicated continued complaints of pain with exam showing limited motion. Also reviewed at that time was an MRI scan for which the date was unavailable for review showing no evidence of acute soft tissue or muscle injury. Based on the claimant's current clinical symptoms, a surgical arthroscopy to the hip was recommended given the claimant's continued pain with potential for labral repair versus femoral neck and acetabular osteoplasty was to be performed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left hip arthroscopy with labral repair and femoral neck and acetabular osteoplasty surgery:** 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 & Pelvis (Acute & Chronic), Arthroscopy.

**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:** CA MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, the role of hip arthroscopy in this individual who is status post a prior left total hip arthroplasty would not be indicated. At present, the claimant's clinical imaging and prior surgical course would fail to necessitate the clinical indication for acute need of an arthroscopy. There is currently no indication for role of labral repair in the setting of prior arthroplasty. While the claimant continues to be with complaints of pain, the role of this surgical process does not appear to be of clinical merit based on prior surgery performed and the claimant's current postoperative imaging for review.

**Preoperative medical clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004)-- CA MTUS ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** CA MTUS Guidelines would not support the role of preoperative medical clearance as need for operative intervention has not been established.

**1 hip positioner brace:** 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: KNEE PROCEDURE - DURABLE MEDICAL EQUIPMENT (DME)

**Decision rationale:** CA MTUS Guidelines are silent. Official Disability Guideline criteria would not support the role of a hip brace as the need for operative intervention has not been established.

**2 week rental of an ice machine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic) Continuous-flow cryotherapy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 337-339.

**Decision rationale:** The role of cryotherapy in this instance as surgical process has not been established.

**1 assistant surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid services, Physician Fee Schedule Search, CPT Code 29861

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MILLIMAN CARE GUIDELINES 18TH EDITION: ASSISTANT SURGEON ASSISTANT SURGEON GUIDELINES (CODES 29240 TO 29894)

**Decision rationale:** CA MTUS Guidelines are silent. Milliman Care Guidelines would not support the role of an assistant surgeon for this surgical process which has not been established by Guideline criteria.