MAXIMUS Federal Services

Case Number:	CM13-0058906		
Date Assigned:	12/30/2013	Date of Injury:	01/14/2011
Decision Date:	03/24/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/27/2013

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 New York. 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 62-year-old female status post injury on January 14, 2011. The patient was diagnosed with right hip greater trochanteric bursitis with abductor tendon tear. A 2013 MRI of the hip shows a small tear of the anterior labrum and gluteal strains. The patient continues to complain of right hip pain at night. Physical examination includes positive tests for sacroiliitis Faber test, weakness and abductor muscles with Trendelenburg gait and adductor tendinitis with pain with abduction and limited range of motion. The 2013 MRI imaging does not report trochanteric bursitis and does not report abductor tendon tear on the official read. Right hip x-ray shows mild uniform osteoarthritis of the right hip. There is no evidence of fracture dislocation or lesions.

IMR ISSUES, DECISIONS AND RATIONALES

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

A right hip diagnostic arthroscopy: 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), Hip Arthroscopy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip Arthroscopy, as well as information from "Current Concepts in Joint Replacement".

Decision rationale: This patient does not reestablish criteria for diagnostic hip arthroscopy. Specifically, the medical records do not include a significant trial and failure of conservative measures. The patient does not have a recently documented trial and failure of physical therapy. In addition, the patient's 2012 MRI is normal and the 2013 MRI only shows a small tear of the labrum which is a relatively common and normal for age finding in the elderly population. The official read of the MRI of the hip does not show any other evidence of significant hip pathology. Physical examination does not document significant impingement or loss of hip motion. There are no functionally limiting exam findings to support the need for diagnostic arthroscopy. The patient's x-ray show degenerative change and the MRI only shows a small labral tear.Guidelines for diagnostic arthroscopy are not met.

A greater trochanteric bursectomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip Arthroscopy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip Arthroscopy.

Decision rationale: The patient does not meet establish criteria for greater trochanteric bursectomy. The diagnosis of bursitis and not supported by MRI imaging of the hip. Criteria for bursectomy are not met. In addition the patient has not tried and failed conservative measures to include a recent trial of physical therapy.

An abductor tendon repair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip Arthroscopy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip Arthroscopy

Decision rationale: The patient does not meet established criteria for tendon repair. Specifically, the patient has had an MRI of the hip does not show any evidence of abductor tendon tear. Imaging studies do not support the diagnosis. Surgeries not medically necessary.

Crutches: 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 items/services are medically necessary.

An abduction brace: 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 items/services are medically necessary.

Postoperative physical therapy (16 sessions): 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 items/services are medically necessary.