

<b>Case Number:</b>	CM14-0006414		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	10/28/2008
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 California, Colorado, and Texas. 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 injured worker is a 68-year-old female who reported an injury on 10/28/2008. The mechanism of injury was not provided. The injured worker underwent a hip arthroscopy with labral debridement, femoral neck resection, and trochanteric bursectomy. The injured worker had an MRI of the right hip on 11/04/2013, which revealed some asymmetric appearance of the piriformis muscles, no labral tear, moderate grade partial tearing of the gluteus medius fibers just proximal to the insertion on the lateral facet of the greater tuberosity, and posterior fibers of the gluteus medius remained intact and status post capsulotomy. Additional therapies included greater trochanteric injections. The diagnoses were noted to include lumbar facet hypertrophy, degenerative disc disease of the lumbar spine with radiculopathy, right hip arthralgia, and status post right hip arthroscopy on 06/04/2013. The most recent documentation of 11/08/2013 revealed the injured worker was status post arthroscopy with labral debridement, femoral neck resection, and trochanteric bursectomy on the right hip. The injured worker had an MRI and wished to discuss the results. The injured worker had reports of severe lateral pain that radiated into the buttocks. The physical examination revealed hip internal rotation of 20 degrees with moderate discomfort. The straight leg raise and palpation of the lateral thigh produced severe discomfort. There was continued tenderness at the sacroiliac joint and over the sciatic notch and piriformis. The strength remained 3+/5 with significant pain. The documentation indicated the injured worker's MRI results included the piriformis muscles had a symmetric appearance with no mass or mass effect along the course of the sciatic nerve through the pelvis. There was a moderate grade partial tearing of the gluteus medius fibers just proximal to the insertion of the lateral facet and the greater tuberosity. The posterior fibers of the gluteus medius remained intact. The injured worker was status post capsulotomy and there was no discrete labral tear. The diagnoses included status post hip arthroscopy with labral debridement, femoral neck

resection, and trochanteric bursectomy, right hip with recurrent trochanteric bursitis and possible abductor tearing. The treatment plan included a trochanteric bursa injection. There was no Request for Authorization submitted for the requested intervention. There was no physician note submitted for the requested surgical intervention, which, per documentation, included a hip arthroscopy, debridement, and bursectomy with sciatic nerve decompression, postoperative physical therapy, medical clearance, crutches, Teds, TENS for postoperative pain, and Vascutherm for 2 weeks. The documentation indicated that Celebrex and the bursa injection in 10/2013 improved the pain for about 2 weeks. The surgical intervention was deemed not medically necessary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **PRE-OPERATIVE MEDICAL CLEARANCE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, TREATMENT IN WORKER'S COMPENSATION 18TH EDITION, 2013 UPDATES, CHAPTER LOW BACK PRE-OP TESTING

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.choosingwisely.org/?s=preoperative+surgical+clearance&submit=>

**Decision rationale:** Per the Society of General Internal Medicine Online, "Preoperative assessment is expected before all surgical procedures." The clinical documentation submitted for review failed to provide a documented rationale for the requested preoperative assessment. Additionally, there was no physician documentation submitted for review requesting surgical intervention. The documentation indicated the surgical intervention was found to be not medically necessary. Given the above, the request for pre-operative medical clearance is not medically necessary.