

Case Number:	CM14-0006526		
Date Assigned:	07/02/2014	Date of Injury:	10/28/2008
Decision Date:	07/31/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/15/2014

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. 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:

This 67-year-old female sustained an industrial injury on 10/28/08, while lifting a heavy tank lid. The patient underwent right hip arthroscopy with labral debridement, femoral neck resection, and trochanteric bursectomy on 6/4/13. Progress reports documented continued right lateral hip pain with functional limitations in sitting, standing and walking tolerance. Strength was 3+/5 with significant pain. There was moderate tenderness over the sacroiliac joint and sciatic notch. Post-operative physical therapy was provided. The 11/4/13 right hip MRI impression documented moderate grade partial tearing of the gluteus medius fibers. There was no discrete labral tear. The piriformis muscles were symmetric with no mass effect along the course of the sciatic nerve through the pelvis. A trochanteric bursa injection was performed 11/8/13 with pain improvement for 2 weeks. The 11/25/13 treating physician report cited radicular type buttocks pain radiating down the posterior calf and leg when she stands or extends the hip. Physical exam documented hip rotation to 20 degrees with moderate buttocks and posterior thigh discomfort, and severe discomfort with straight leg raise and lateral thigh palpation. There was continued tenderness over the sciatic notch and piriformis. The diagnosis was trochanteric bursitis with sciatica, refractory to conservative care. The treatment plan recommended right hip arthroscopy, debridement and bursectomy with sciatic nerve root decompression. The 12/17/13 utilization review denied the request for right hip arthroscopy as the reported findings and diagnosis did not meet guideline surgical criteria.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT RIGHT HIP ARTHROSCOPY DEBRIDEMENT BURSECTOMY WITH SCIATIC NERVE ROOT DECOMPRESSION: 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), 18th Edition, 2013 Updates, Chapter hip impingement bone shaving surgery.

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, Arthroscopy.

Decision rationale: The California Medical Treatment Utilization Schedule does not provide recommendations for chronic hip complaints. The Official Disability Guidelines for hip arthroscopy provide surgical indications include symptomatic acetabular labral tears, hip capsule laxity and instability, chondral lesions, osteochondritis dissecans, ligamentum teres injuries, snapping hip syndrome, iliopsoas bursitis, and loose bodies (for example, synovial chondromatosis). Other possible indications include management of osteonecrosis of the femoral head, bony impingement, synovial abnormalities, crystalline hip arthropathy (gout and pseudogout), infection, and posttraumatic intraarticular debris. In rare cases, hip arthroscopy can be used to temporize the symptoms of mild-to-moderate hip osteoarthritis with associated mechanical symptoms. Guideline criteria have been met. The reported findings and diagnosis are not consistent with guideline-supported surgical indications. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment for the current diagnoses had been tried and failed. Imaging does not evidence impingement of the sciatic nerve. Therefore, this request for outpatient right hip arthroscopy debridement bursectomy with sciatic nerve root decompression is not medically necessary.