

Case Number:	CM14-0009727		
Date Assigned:	02/21/2014	Date of Injury:	02/08/2012
Decision Date:	08/06/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/23/2014

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 Occupational Medicine 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 a 44-year-old female who has submitted a claim for status post femoroplasty and acetabuloplasty with labral reattachment, right hip, with residual hip flexor tendon problems; femoroacetabular impingement, left hip; and L5 radiculopathy associated with an industrial injury date of February 8, 2012. The patient complained of left hip pain. The pain goes from the inguinal region to the thigh with any hip flexion. She has pain with any rotatory force on the left. A physical examination showed pain over the left lumbar paraspinal muscles. There was impaired range of motion with left and right lateral bending. An MRI of the lower extremity joint, dated November 27, 2013, showed the left hip having a physiologic amount of joint fluid present, large field of view limits evaluation of articular cartilage and labrum, and the regional tendons and muscles are normal. The treatment to date has included medications, physical therapy, home exercise program, activity modification, shoulder surgery, and right hip arthroscopy acetabuloplasty, labral tear repair, femoroplasty, capsulorrhaphy, fluoroscopy and brace application. The utilization review, dated January 3, 2014, denied the request for left hip arthroscopy, no evidence of labral tear and the patient does not meet the guidelines to undergo a left hip arthroscopy at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT HIP ARTHROSCOPY, ACETABULOPLASTY, FEMORAL PLASTY, ILIOPSOAS RELEASE AND DEBRIDEMENT: 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), Treatment Index, 9th Edition, (web) 2011.

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, Repair of Labral tears, Impingement bone shaving surgery.

Decision rationale: The California MTUS does not specifically address this topic; therefore the Official Disability Guideline was used instead. The ODG states that hip arthroscopy is recommended when the mechanism of injury and physical examination findings strongly suggest the presence of a surgical lesion. In those cases, it is appropriate to proceed directly with the interventional arthroscopy. Some indications for arthroscopy include symptomatic acetabular labral tears, iliopsoas bursitis, and bony impingement. In addition, ODG states that repair of labral tears is recommended for patients who have failed conservative treatment. It also states that impingement bone shaving surgery is still under study. In this case, the patient has been suffering from chronic pain in the left hip. Rationale for the present request was not provided. There was no documentation of failed conservative treatment from the medical records submitted. It is unclear whether the patient has truly exhausted conservative management. Furthermore, progress report dated November 20, 2013 stated that medications were reasonable to continue and has good relief without side effect noted. Therefore, the request for left hip arthroscopy, acetabuloplasty, femoral plasty, iliopsoas release and debridement is not medically necessary.