MAXIMUS Federal Services

Case Number:	CM14-0101393		
Date Assigned:	07/30/2014	Date of Injury:	03/20/2013
Decision Date:	09/17/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/01/2014

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 injured worker is presented with a date of injury of 06/12/2014. The utilization review was done on June 12, 2014. There was a non certification of a right hip arthroscopy with synovectomy and right hip arthroscopy with labral repair. There was however a certification for the right hip arthroscopy with femoroplasty. There was also certification for preoperative assessment, post operative physical therapy to the hip for 12 sessions and an assistant surgeon. There was then a partial certification for the Game Ready unit for the hip for seven days valid from June 12 to September 12, 2014. A note from August 30, 2013 stated that the claimant had worsening right anterior hip pain with radiation into the thigh. The claimant was injured at work. There was significant pain with daily activities. Physical therapy helped a little. There was a positive FABERE sign and limited motion with flexion of 110. The provider recommended re-evaluation in six weeks if the knee was improving, and then surgical treatment of the hip would be considered at that time. An office visit note from May 23, 2014 indicated that there was worsening right anterior hip pain with radiation into the thigh. The claimant was previously injured at work. The right hip x-rays from May 23, 2014 revealed evidence of cam and pincer femoral acetabular impingement. There is a past medical history for testicular cancer. There is a positive FABERE sign and limited motion with flexion of 110, external rotation of 40 and internal rotation of 25. The provider recommended hip arthroscopy with labral debridement versus repair and decompression of femoral acetabular impingement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right hip arthroscopy with synovectomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Treatment Workers Compensation (TWC).

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

Decision rationale: The MTUS is silent on this request. The Official Disability Guidelines (ODG) notes under hip arthroscopy that it 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. Arthroscopy may also be employed in the treatment of joint disorders. (Colorado, 2001) It is being employed more and more often based on its significantly lower complication rate compared to open surgical procedures. In this case, the objective findings clearly point to the impingement, however, there was no solid evidence provided for the labral tearing or the synovitis. Therefore, the request for right hip arthroscopy with synovectomy is not medically necessary and appropriate.

Right hip arthroscopy with labral repair: 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) ODG, under Hip Arthroscopy.

Decision rationale: The Official Disability Guidelines (ODG) notes under hip arthroscopy that it 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. Arthroscopy may also be employed in the treatment of joint disorders. (Colorado, 2001) It is being employed more and more often based on its significantly lower complication rate compared to open surgical procedures. In this case, the objective findings clearly point to the impingement, however, there was no solid evidence provided for the labral tearing or the synovitis. Therefore, the request for right hip arthroscopy with labral repair is not medically necessary and appropriate.

Game ready unit for hip for 7 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Treatment Workers Compensation (TWC) Knee Procedure.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Page 48 of ACOEM, under Initial Approach to Treatment notes.

Decision rationale: This durable medical equipment item is a device to administer regulated heat and cold. However, the MTUS/ACOEM guides note that 'physicians can use passive modalities such as application of heat and cold for temporary amelioration of symptoms and to facilitate mobilization and graded exercise. They are most effective when the patient uses them at home several times a day'. Elaborate equipment is simply not needed to administer heat and cold modalities; the guides note it is something a claimant can do at home with simple home hot and cold packs made at home, without the need for such equipment. As such, this DME would be superfluous and not necessary, and not in accordance with MTUS/ACOEM. Therefore, the request for Game ready unit for hip for 7 days is not medically necessary and appropriate.