

Case Number:	CM14-0153315		
Date Assigned:	09/23/2014	Date of Injury:	12/22/2011
Decision Date:	10/29/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/19/2014

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 43-year-old male sheet metal worker sustained an industrial injury on 12/22/11. The mechanism of injury was not documented. The 10/1/13 right hip/pelvic MRI impression documented a small articular sided tear of the left superior acetabulum labrum, and a likely right sided acetabular labral tear. Findings documented no evidence of joint space narrowing or secondary degenerative changes. The patient was diagnosed with left chondromalacia patella and patellofemoral compression syndrome, lumbar degenerative changes with low back and left buttock pain, left hip labral tear with femoroacetabular impingement, and narcotic addiction. Conservative treatment in 2014 included anti-inflammatory medication, opioid pain medication, and muscle relaxants. Physical medicine treatment, consisting of passive modalities, was noted in 2012 and 2013. The 7/23/14 treating physician report documented a left hip joint capsular corticosteroid injection. Scout views demonstrated no significant degenerative changes. The 8/6/14 treating physician report cited patient complaints of stabbing, burning right hip pain, worse with sitting. The patient reported one day of outstanding pain relief following the 7/23/14 injection but return of pain once numbing wore off. Physical exam findings documented positive single leg stance, trochanteric tenderness, and symmetrical hip range of motion with pain on the right in internal rotation and flexion. There was 4/5 strength documented with hip flexion and abduction, hamstring, and quadriceps testing. Hip impingement testing was positive bilaterally. The 12/12/13 in-office x-rays were reviewed and demonstrated a small superior crossover sign bilaterally. The modified Dunn view demonstrated lack of femoral head and neck offset. The patient was diagnosed with left hip labral tear with femoroacetabular impingement. The patient's pain complaints were reported difficult to localize, however he had significant pain relief with a local anesthetic injection into his hip joint. Authorization was requested for left hip diagnostic arthroscopy, chondroplasty, labral debridement versus repair, acetabuloplasty, and femoroplasty.

The patient remained off work. The 8/19/14 utilization review denied the request for left hip surgery as there was no imaging evidence of a chondral defect to warrant chondroplasty, no decrease in femoral acetabular space to warrant acetabuloplasty and femoroplasty, and no clinical and imaging evidence to warrant labral repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT HIP DIAGNOSTIC ARTHROSCOPY, CHONDROPLASTY, LABRAL DEBRIDEMENT VS REPAIR, ACETABULOPLASTY AND FEMOROPLAST.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [Http://www.odg-twc.com/odgtwc/hip.html](http://www.odg-twc.com/odgtwc/hip.html)

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

Decision rationale: The California MTUS guidelines do not provide recommendations for hip surgery. The Official Disability Guidelines recommend hip arthroscopy when the mechanism of injury and physical exam findings strongly suggest the presence of a surgical lesion. The finding that an asymptomatic volunteer has a greater than 50% chance of having a labral tear emphasizes the danger of making clinical decisions to operate on the sole basis of a diagnostic test without clinical information. 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. Guideline criteria have not been met. There is no imaging evidence of joint space narrowing, significant degenerative change, or a chondral lesion. Labral tear and positive impingement testing is noted bilaterally, with no reported symptoms on the right side. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial, including physical therapy exercise, and failure has not been submitted. Therefore, this request is not medically necessary.

POST-OP PHYSICAL THERAPY 2X8: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [Http://www.odg-twc.com/odgtwc/hip.html](http://www.odg-twc.com/odgtwc/hip.html)

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 23.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

CRUTCHES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [Http://www.odg-twc.com/odgtwc/hip.html](http://www.odg-twc.com/odgtwc/hip.html)

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, Walking aids (canes, crutches, braces, orthoses, & walkers)

Decision rationale: As the surgical request is not supported, this request is not medically necessary.