

<b>Case Number:</b>	CM14-0167275		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	07/02/2011
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 Minnesota. 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 has persisting right groin pain after a prior arthroscopy of the right hip with femoral and acetabular osteochondroplasties and major debridement on 4/23/2013. His date of injury is 07/02/2011. The mechanism of injury is not reported. The operative report or the preoperative imaging reports are not submitted. Medical records indicate a prior diagnosis of a labral tear of the right hip. The progress notes document continuing activity related groin pain. Examination findings include pain on passive straight leg raising to 85 degrees, positive impingement signs, 5/5 abductor strength, and groin pain with resisted straight leg raising. A CT and MR arthrogram was performed in February, 2014. The CT revealed calcific tendinosis of the right iliopsoas tendon and bilateral pincer and cam variant femoroacetabular impingement. The MR arthrogram revealed no labral tear. Small femoral head with overhanging lateral acetabular margin and a neck excrescence was a concern for impingement. A small inguinal hernia was also noted. The disputed issues include a request for revision osteochondroplasty with iliopsoas surgery of the hip and femur and related procedures.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Osteochondroplasty of Femur and Acetabulum & Related Procedures Right Hip  
Arthroscopy with Acetabulum & Related: 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), Hip & Pelvis Chapter, Arthroscopy, Indications for Arthroscopy

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

**Decision rationale:** CA MTUS does not address hip arthroscopy. ODG guidelines include the indications for arthroscopic surgery of the hip. It is recommended when the mechanism of injury and physical findings strongly suggest the presence of a surgical lesion. It is disappointing in the presence of chronic hip pain as in this case which may indicate the presence of chondromalacia or degenerative changes that may not be clearly evident on the MRI. There is suggestion of femoroacetabular impingement in both hips and only one hip is symptomatic. The operative report for the previous surgery of 2013 is not submitted; however, osteochondroplasties of the femur and acetabulum were carried out along with extensive debridement which did not relieve the pain. Medical necessity of the requested revision osteochondroplasty of the femur and acetabulum and related procedures is therefore not established per guidelines. The iliopsoas surgery is requested for dystrophic calcification in the tendon as part of the IMR request. The requested procedures as a whole are not medically necessary.