MAXIMUS Federal Services

Case Number:	CM14-0177075		
Date Assigned:	10/30/2014	Date of Injury:	06/28/2012
Decision Date:	12/12/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/24/2014

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 is a 28 year old female with a 6/28/12 injury date. In a 10/1/14 follow-up, that patient's conservative therapy was summarized and has included physical therapy, medications, and a right hip injection with arthrogram which produced complete but temporary relief. Current subjective complaints include right hip pain, worse with walking. Objective findings include flexion to 120 degrees, internal rotation to 15 degrees, and external rotation to 30 degrees, positive impingement sign, and tenderness to palpation over the anterior groin, and less external rotation in flexion than in extension. Right hip x-rays demonstrate a small area of calcification of the labrum in the right hip, and the presence of crossover sign in bilateral hips. A 3/6/14 right hip MRI revealed chondrolabral tearing and mild chondromalacia. In addition, right knee MRI (7/22/13) is normal. Diagnostic impression: right hip pincer impingement with traumatic chondrolabral tear. Treatment to date: physical therapy (6-7 sessions), medications, right hip bursal injection, right hip joint injection with complete but temporary relief, activity modification. A UR decision on 9/25/14 denied the requests for right hip arthroscopy with labral resection versus repair and osteochondroplasty because there was no formal imaging reports available and there was no evidence of prior conservative therapy directed towards the hip. The requests for surgical assistant, CPM, cold therapy rental, and post-op physical therapy were denied because the associated surgical procedures were not certified. However, it is also noted in the documentation that UR reconsidered the decision on 10/6/14 and approved the request for right hip arthroscopy because the prior documentation issue had been resolved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient, Right Hip Arthroscopy with Labral Resection Versus Repair: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hip, Pelvis, Thigh Osteoarthrosis and Allied Disorders.

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 Chapter; Arthroscopy

Decision rationale: CA MTUS does not address this issue. 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. Arthroscopy may also be employed in the treatment of joint disorders, such as loose bodies, bony impingement, or snapping hip syndrome. In this case, the claimant has right hip impingement with a labral tear and has been treated with medications, activity limitations, and injections. There was documentation of the labral tear on the MRI report and there has been a cortisone injection into the hip joint that produced complete, but temporary, relief of symptoms. The medical necessity has been established in this case. Therefore, the request for outpatient, right hip arthroscopy with labral resection versus repair is medically necessary.

Osteochondroplasty: Overturned

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): Hip and Pelvis Chapter; Impingement Bone Shaving Surgery

Decision rationale: CA MTUS does not address this issue. ODG states that the concept is that bone that has rough edges or an irregular shape in the hip is rubbing against soft tissue in the joint, causing tendons to fray or muscles to tear, and the hope is that by shaving and smoothing the bone, surgeons can protect patients from further injury and also protect them from developing arthritis. In this case, the claimant has right hip impingement with a labral tear and has been treated with medications, activity limitations, and injections. There is documentation of the labral tear on the MRI report and there has been a cortisone injection into the hip joint that produced complete but temporary relief of symptoms. The medical necessity has been established in this case. Osteochondroplasty is a necessary part of the hip arthroscopy procedure that involves shaving of the bone to reduce the pincer impingement. Therefore, the request for osteochondroplasty is medically necessary.

Assistant during Surgery: Overturned

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 Other Medical Treatment Guideline or Medical Evidence: American Association of Orthopaedic Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics

Decision rationale: CA MTUS does not address this issue. AAOS (American Association of Orthopaedic Surgeons) states that, in general, the more complex or risky the operation, the more highly trained the first assistant should be. Criteria for evaluating the procedure include:- anticipated blood loss -anticipated anesthesia time -anticipated incidence of intraoperative complications -procedures requiring considerable judgmental or technical skills -anticipated fatigue factors affecting the surgeon and other members of the operating team -procedures requiring more than one operating team. The ultimate decision must remain with the operating surgeon. Given that the patient has been approved for right hip surgery, the medical necessity of an assistant surgeon is established. Therefore, the request for assistant during surgery is medically necessary.

Post Operative Continuous Passive Motion (CPM): 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): Hip and Pelvis Chapter; Continuous passive motion (CPM)

Decision rationale: CA MTUS does not address this issue. ODG states that CPM is indicated for postoperative use for 4-10 consecutive days (no more than 21), for total hip arthroplasty (revision and primary); or for home use, up to 17 days after surgery while patients at risk of a stiff hip are immobile or unable to bear weight, such as under conditions of low postoperative mobility or inability to comply with rehabilitation exercises following a total hip arthroplasty or revision; and revision total hip arthroplasty (THA) would be a better indication than primary THA. However, this treatment modality is not indicated following hip arthroscopy in an individual with functional pre-operative hip range of motion. Therefore, the request for post-operative continuous passive motion (CPM) is not medically necessary.

Cold Therapy Rental for Seven Days: Overturned

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): Knee Chapter; Continuous-Flow Cryotherapy

Decision rationale: CA MTUS does not address this issue. ODG states that continuous-flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days, including home use. Given that the associated surgical procedures were certified, the use of cold therapy is appropriate in the post-op period. Therefore, the request for cold therapy rental for seven days is medically necessary.

Post-Operative Physical Therapy, 12 Sessions: Overturned

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): Hip and Pelvis Chapter; Physical Medicine Treatment

Decision rationale: CA MTUS does not address this issue. ODG supports up to 18 visits over 12 weeks after hip arthroscopy. The current request for 12 sessions is warranted. Therefore, the request for post-operative physical therapy, 12 sessions, is medically necessary.