

<b>Case Number:</b>	CM14-0024883		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	09/04/2012
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 year-old male sustained an industrial injury 9/4/12. The mechanism of injury was not documented. He underwent a right hip arthroscopic repair on 3/13/13. The 8/30/13 occupational medicine report documented on-going right hip, thigh and femur complaints. X-rays taken 8/2/13 were reviewed and showed a 2.9x0.5 bony mass consistent with heterotopic ossification in the capsule. The remainder of the study looked good and the joint spaces looked maintained. Physical exam findings documented ability to walk normally, some restricted and painful right hip range of motion, and normal neurologic exam. The assessment was heterotopic ossification of the right hip as a complication of hip arthroscopy and arthroscopic surgery. The treating physician cited difficulty sitting and standing for more than 30 minutes and opined that his on-going groin and thigh pain was referred pain from his hip. The treatment plan requested right hip injection(s) to determine if the pain was coming from the central compartment and/or from the heterotopic ossification. The 9/9/13 progress report cited subjective complaints of grade 6/10 right hip and buttock pain extending to the right quadriceps region, with constant right lower extremity and foot numbness. Physical exam findings documented right lumbosacral tenderness, intact but painful lumbar range of motion, slight antalgic gait, tightness to palpation upon standing around the femoral head, pain with hip internal rotation and flexion, hip range of motion decreased 15 degrees all directions, intact strength, right quadriceps edema and tenderness, intact right lower extremity range of motion, intact strength, and decreased sensation lateral right lower extremity. The diagnosis was lumbar strain with non-verified radiculopathy, right piriformis strain, right greater trochanteric bursitis, right hip pain, right hip strength, and right knee pain. Right quadriceps trigger point injections and possible sacroiliac joint or facet injections were recommended. The 11/8/13 treating physician report cited minimal pain improvement with hip injection with hip pain extending into the right thigh, right knee pain, and

pins and needles into the right foot. Lumbar and hip exams were essentially unchanged. Right knee exam findings documented medial and lateral joint line tenderness, full range of motion, positive McMurrays, intact strength, and decreased right lateral sensation. X-rays of the right knee showed slight osteoarthritic changes in the joint line and some calcification deposits in the tibial plateau. The treatment plan recommended pain specialist second opinion, continue current medications, and 8 physical therapy visits for the right knee. The patient was working with restrictions. The 12/20/13 occupational medicine report cited daily thigh pain of a burning type going to his feet, low back pain, some groin pain, and right knee pain. His blood sugar was elevated to 275 after surgery, he went on a diet and exercised, and had not had it rechecked since then. Some interval relief was reported from the injection. Revision right hip arthroscopic surgery was requested to include removal heterotrophic ossification, possible revision of any regrowth of the head neck bone, rim bone, and check the labrum to make sure it still looked good and was intact.. Lyrica was prescribed in the interim. The 1/10/14 treating physician report cited subjective complaints of constant grade 7/10 right buttock pain with numbness, burning and pins and needles extending into the right lower extremity and foot, which was described as a knife cutting into his leg constantly. Lyrica is helping a little. Exam findings were unchanged. The 1/27/14 utilization review denied the request for right hip surgery as there was no imaging to review, no documentation of the size of the mass or maturity via imaging and /or bone scan, no discussion of pre-operative radiation or indomethacin,, no quantitative hip exam, and no clarification of confounding issues with the lumbar spine and likely diabetic neuropathy.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **RIGHT HIP REVISION ARTHROSCOPY SURGERY: 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter, Arthroscopy Section and [www.wheelsonline.com](http://www.wheelsonline.com).

**Decision rationale:** Under consideration is a request for right hip revision arthroscopy surgery. The California MTUS guidelines are silent regarding the requested procedure. The Official Disability Guidelines recommend hip arthroscopy when the mechanism of injury and physical exam findings strongly suggest the presence of a surgical lesion. Guideline indications for hip arthroscopy include bony impingement. Wheelless recommends consideration of allowing the heterotrophic ossification to mature before operative resection with the use of serial radiographs to establish maturity. Guideline criteria have not been met. There is no clear radiographic or imaging evidence relative to the heterotrophic ossification, nor is there documentation of the maturity via imaging or bone scan. There was no clear documentation of what area of the hip was injected and what the response to the injection was. There is no clarification of confounding issues with the lumbar spine or possible diabetic neuropathy. Therefore, this request for right hip revision arthroscopy surgery is not medically necessary.

**PRE-OP LABS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**EIGHT (8) SESSIONS OF POST-OP PHYSICAL THERAPY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.