

Case Number:	CM14-0026239		
Date Assigned:	06/16/2014	Date of Injury:	09/18/2011
Decision Date:	08/06/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	03/03/2014

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:

The claimant is 37 years old with an industrial injury reported on 9/18/11. The claimant is status post hip injection on 8/12/13 which improved range of motion and decreased pain for 2 months. A MRI for the pelvis on 4/1/13 demonstrates tearing through the left acetabular labrum with left hip articular cartilage thinning and femoral head osteophytes. An exam note on 1/16/14 demonstrates report of persistent left hip and groin pain. An exam note from 5/8/14 demonstrates claimant with increasing left hip pain. Exam demonstrates sitting straight leg raise on the left with positive Patrick's sign on the left. Prior utilization review denial from 1/30/14 recommends MRI left hip prior to consideration of left hip arthroscopic surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT HIP ARTHROSCOPIC 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 Official Disability Guidelines (ODG) Hip and Pelvis, Arthroscopy.

Decision rationale: CA MTUS/ACOEM is silent on the issue of hip arthroscopy per the ODG criteria, it is recommended when the mechanism of injury and physical examination findings strongly suggest the presence of a surgical lesion. Surgical lesions include symptomatic labral tears which are present on the MRI from 4/1/13. In this case the claimant has failed nonsurgical management per the records and has correlating physical examination from the exam notes from 1/16/14 and 5/8/14. Therefore, the determination is that the request is medically necessary.