

Case Number:	CM14-0030338		
Date Assigned:	06/20/2014	Date of Injury:	12/02/2010
Decision Date:	07/31/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/10/2014

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 Orthopedic Surgery and is licensed to practice in Texas and Colorado. 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 is a 34-year-old male who reported injury on 12/02/2010. The mechanism of injury was the injured worker was in a crane that rolled over. Prior treatments included physical therapy and a cortisone injection, but no physical therapy. The examination of 02/10/2014 revealed the injured worker had a positive McCarthy's sign. There was positive pain with impingement sign testing and it was indicated the testing was not particularly helpful as the injured worker had pain with almost any maneuver of the hip. The injured worker underwent an x-ray, which revealed there were signs of femoroacetabular impingement of primary cam type and sclerotic changes and some cystic changes at the femoral head/neck junction. The alpha angle was greater than 55 degrees. It was indicated the injured worker underwent an MRI, which showed labral abnormalities and some paralabral cysts with possibly some small subchondral cysts at the superolateral acetabular region. There were some cystic changes at the femoral head/neck junction and cam shaped femoral head/neck junction. The physician opined there were some subtle chondral delamination changes. The gluteus medius had some minor increased signal. The diagnoses included femoral acetabular impingement, symptomatic, and a labral tear. The treatment plan included arthroscopic debridement, labral repair, and femoroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery: Right Hip Arthroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- TWC Hip & Pelvis Procedure Summary, last updated 12/09/2013; Kelly, 2003.

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, Diagnostic Arthroscopy.

Decision rationale: The Official Disability Guidelines indicate that an arthroscopy is recommended when the mechanism of injury and physical examination findings strongly suggest the presence of a surgical lesion. Additionally, it further indicates that for an arthroscopy, there should be documentation of symptomatic acetabular labral tears or hip laxity and instability. The clinical documentation submitted for review indicated the injured worker's hip motion was supple and he could flex to past 90 degrees. There was hyperdramatic pain behavior. There was positive pain with impingement sign testing and the injured worker had pain with almost any maneuver of the hip. However, the physician could not demonstrate mechanical signs with active or passive maneuvers and the injured worker had minimal tenderness to the trochanteric region and the injured worker had no significant pain with resistive hip abduction, but there was some with hip flexion. The MRI was not submitted for review to support the injured worker had a labral abnormality and paralabral cyst. Given the above, the request for surgery, right hip arthroscopy is not medically necessary.

Surgery: Right labral repair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- TWC Hip & Pelvis Procedure Summary, last updated 12/09/2013, Repair of Labral Tear; Groh, 2009; Haviv, 2011; Larson, 2012.

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.

Decision rationale: The Official Disability Guidelines indicate that a labral repair is recommended when the mechanism of injury and physical examination findings strongly suggest the presence of a surgical lesion. Additionally, it further indicates that for a labral repair there should be documentation of symptomatic acetabular labral tears or hip laxity and instability. The clinical documentation submitted for review indicated the injured worker's hip motion was supple and he could flex to past 90 degrees. There was hyperdramatic pain behavior. There was positive pain with impingement sign testing and the injured worker had pain with almost any maneuver of the hip. However, the physician could not demonstrate mechanical signs with active or passive maneuvers and the injured worker had minimal tenderness to the trochanteric region and there were no significant pain with resistive hip abduction, but there was some with hip flexion. The MRI was not submitted for review to support the injured worker had a labral abnormality and paralabral cyst. Given the above, the request for surgery, right labral repair is not medically necessary.

Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopaedic Surgeons, July 1987. Revised August 1988. Reviewed June 2010 American Academy of Orthopaedic Surgeons.

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.

Physical Therapy x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): Post-surgical Patient Management and Post-surgical Physical Medicine Treatment Recommendation- Hip, Pelvis and Thigh (Femur).

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.