MAXIMUS Federal Services

Case Number:	CM14-0035552		
Date Assigned:	03/28/2014	Date of Injury:	02/01/2010
Decision Date:	05/09/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/24/2014

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 Texas. 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 60-year-old female who reported an injury on 02/01/2010. The mechanism of injury was not provided. The documentation of 03/04/2014 indicated the injured worker was 6 and a half months status post left hip labral repair, femoroplasty and hamstring repair. The injured worker had continued physical therapy and had no significant improvement in symptoms. The pain was in the left anterior hip radiating to the anterior thigh but also to the buttocks. The physical examination revealed positive impingement signs but overall good range of motion. The injured worker had a positive psoas sign at 0, 45, and 90 degrees, and had tenderness in the groin and anterior hip. The impression was persistent right psoas tendinitis and popping, possible left hip labral re-tear or incomplete healing of prior repair site. The recommendation was regarding the left hip, as the injury had been through extensive physical therapy, now postoperatively, and had persistent and sign pain associated with the psoas tendon and friction syndrome between the tendon and anterior acetabulum, it would be most effectively treated with a psoas tenotomy at the level of the acetabulum. The documentation indicated the injured worker would like to proceed with a left hip arthroscopy, including a psaos tenotomy and possible labral repair. The injured worker' diagnosis was hip pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT HIP PSOAS TENOTOMY WITH 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 (ODG), Hip & Pelvis Chapter, Repair of labral tears

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip & Pelvis Chapter, Repair of labral tears

Decision rationale: The Official Disability Guidelines the repair of labral tears are appropriate for injured workers who have a positive anterior hip impingement test. There should be documentation of early treatments including rest, anti-inflammatory medications, physical therapy, and cortisone injections, and if these treatments fail to alleviate the pain, a repair would be appropriate. The clinical documentation submitted for review indicated the injured worker had a positive anterior hip impingement test. There was a lack of documentation indicating the injured worker had trialed a cortisone injection into the tendon sheath to determine the injured worker's response prior to considering a revision. There was a lack of documentation indicating that the injured worker had failed physical therapy aimed at iliopsias stretching prior to the surgical request. Given the above, the request for a left hip psoas tenotomy with labral repair is not medically necessary.

CBC (COMPLETE BLOOD COUNT): 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.

UA (URINALYSIS): 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

CHEM 7: 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.

EKG (ELECTROCARDIOGRAM): 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.