

<b>Case Number:</b>	CM14-0036322		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	05/21/2013
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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, New Mexico and Nebraska. 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 patient is a 40 year old male who was injured on 05/21/2013. The mechanism of injury is unknown. No prior treatment history submitted. Diagnostic studies reviewed include x-rays of the right hip revealed superolateral acetabular overhang with some osseous metaplasia at the superolateral rim of the acetabulum. On the flexed frog-leg lateral view, there is significant cam lesion and alpha angle is well above 55 degrees. There is no obvious joint swelling. AME dated 07/16/2014 documented the patient to have complaints of right hip pain with a dull ache that radiates down the back of the thigh. He reported he tries to walk for exercise. On examination of the hips, he squats 90% of normal with pain in the right hip. There is no tenderness behind the trochanter. MRI of the right hip revealed severe degenerative changes. He is diagnosed with femoro-acetabular impingement; labral tear-symptomatic. The patient has been recommended for right hip arthroscopy and is requesting pre-op clearance. Post-op physical therapy is being requested x12. Prior utilization review dated 03/17/2014 states the request for Post operative physical therapy x 6 treatments is modified to certify physical therapy 2 x 3; the remaining request Debridement as a separate billable subprocedure; Assistant surgeon; and preoperative labs, EKG, hemoglobin, sodium, and potassium level are denied as there is no evidence to support the requests.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post operative physical therapy x 6 treatments:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 12-27.

**Decision rationale:** The MTUS guidelines support a limited course of physical therapy after hip arthroscopy to include 2 visits per week for 6 weeks. Additional therapy may be warranted beyond that point in certain circumstances.

**Debridement as a separate billable subprocedure:** 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) Burn, Debridement. Other Medical Treatment Guideline or Medical Evidence: [http://us.hartmann.info/Debridement\\_procedure\\_for\\_wound\\_cleansing.php](http://us.hartmann.info/Debridement_procedure_for_wound_cleansing.php)

**Decision rationale:** The request has been made for hip arthroscopy with labral repair and osteoplasty to address femoroacetabular impingement. Debridement would be an inferred portion of both of those subprocedures. Thus, a separate billable procedure for debridement is not warranted.

**Assistant surgeon:** 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 American College of Occupational and Environmental Medicine (ACOEM), Chapter 7 Independent Medical Examination And Consultations Pages 503-524

**Decision rationale:** The ODG and MTUS do not specifically address the need for an assistant in hip arthroscopy cases. Hip arthroscopy requires meticulous positioning and traction applied to the extremity during the case, however. Fluoroscopy is also used during the case routinely. An assistant can manage traction/fluoroscopy as well as assist in holding equipment during the case. This will increase the operative team's effectiveness, efficiency, and ability to complete the case. The use of an assistant appears warranted.

**Preoperative Labs, EKG, hemoglobin, sodium, and potassium level:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape: Preoperative Testing

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back , Pre Op Lab

**Decision rationale:** The ODG supports preoperative lab workup and EKG on a case by case basis. This is a healthy 40 year old laborer with history only for hyperlipidemia per the given notes. Routine preoperative lab workup is not supported because the patient does not have sufficient risk factors to warrant it.