

Case Number:	CM14-0042181		
Date Assigned:	08/01/2014	Date of Injury:	07/17/2012
Decision Date:	09/11/2014	UR Denial Date:	03/29/2014
Priority:	Standard	Application Received:	04/09/2014

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 Pennsylvania. 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 a 36-year-old gentleman who injured the right hip in work related accident on 07/17/12. The report of an MRI of the right hip dated 05/01/13 revealed no specific findings and was interpreted as normal. The records document that the treating provider interpreted the MRI to show a small labral tear and flattening of the anterior aspect of the femoral head. Follow up evaluation of 03/07/14 describes continued subjective complaints of pain in the low back and hip. There was no documentation of physical examination findings on that report; however, it stated the claimant has failed conservative care including injection therapy, medication management and use of a TENS device. There is no documentation of imaging reports for review. The recommendation was made for right hip arthroscopy, labral debridement versus repair, acetabuloplasty with possible femoral head re-contouring, tendon release and possible greater trochanteric bursectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right hip arthroscopy, with possible labral debridement versus repair, possible acetabuloplasty, possible femoral head re-contouring, possible tendon release, possible greater trochanteric bursectomy: 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 and Pelvis (Acute & Chronic), Indications for Surgery, Hip Arthroplasty.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: Hip procedure - Arthroscopy.

Decision rationale: The California MTUS and ACOEM Guidelines do not address this request. When looking at the Official Disability Guidelines, the request for right hip arthroscopy, with possible labral debridement versus repair, possible acetabuloplasty, possible femoral head re-contouring, possible tendon release, possible greater trochanteric bursectomy cannot be supported. While diagnostic arthroscopy of the hip may be indicated, this individual would not meet clinical criteria for the role of surgical processes to include trochanteric bursectomy or re-contouring of the femoral head. There are currently no positive imaging findings in this case in regards to the claimant's right hip for which a 05/01/13 MRI report was negative. There is currently no documentation of positive physical examination findings of the hip including the greater trochanteric bursa. Therefore, the request for the proposed surgery cannot be recommended as medically necessary.

Lab work to include complete blood count (CBC) or Chem-7, Prothrombin time/partial thromboplastin time/international normalized ratio (PT/PTT/INR), or Urine Analysis (UA): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Danielson D, et al . Preoperative Evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2012 Jul. 61p.

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), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127 Citation(s): Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 127 Hegmann K, Occupational Medicine Practice Guidelines, 2nd Ed (2008 Revision) - pp. 503.

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

1 standard chest x-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Danielson D, et al . Preoperative Evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2012 Jul. 61p.

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), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127 Citation(s): Harris J, Occupational Medicine Practice Guidelines, 2nd

Edition (2004) - pp. 127 Hegmann K, Occupational Medicine Practice Guidelines, 2nd Ed (2008 Revision) - pp. 503.

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

1 electrocardiogram (EKG): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Danielson D, et al . Preoperative Evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2012 Jul. 61p.

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), 2nd Edition, (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127 Citation(s): Harris J, Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 127 Hegmann K, Occupational Medicine Practice Guidelines, 2nd Ed (2008 Revision) - pp. 503.

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

1 preoperative right hip x-ray (anterior/posterior (AP) pelvis and frog lateral): 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 and Pelvis (Acute & Chronic), X-Rays.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: Hip procedure, X-Ray.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are 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 Official Disability Guidelines (ODG), CPT Procedure Code Index "2" CPT Codes Musculoskeletal System Surgery and Centers for Medicare and Medicaid Services, Physician Fee Schedule Search, CPT Code 29862 (<http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Other Medical Treatment Guideline or Medical Evidence: Milliman Care Guidelines 18th edition: Assistant

surgeon, Assistant Surgeon Guidelines (Codes 29240 to 29894), Assistant Surgeon Guidelines (Codes 29895 to 31276).

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

12 postoperative visits: 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 and Pelvis (Acute & Chronic), Office Visits.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

1 Hip abduction brace: 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 and Pelvis (Acute & Chronic), Walking Aids (canes, crutches, braces, orthoses, and walkers).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: Hip procedure, Walking aids (canes, crutches, braces, orthoses, & walkers).

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