

Case Number:	CM14-0056789		
Date Assigned:	07/09/2014	Date of Injury:	07/06/2010
Decision Date:	12/26/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/28/2014

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 patient is a 42-year-old female who has submitted a claim for lateral trochanteric pain syndrome associated with an industrial injury date of 7/6/2010. Medical records from 2013 to 2014 were reviewed. The patient complained of lateral right hip pain. She was using a Cam walker boot intermittently for recurring plantar fasciitis which may have resulted to an exacerbation of right hip pain. Examination showed tenderness over the lateral trochanteric region and weak hip abductors. The MRI showed mild gluteus minimus tendinosis. However, the treating provider cited presence of fluid within the gluteus medius and minimus tendons which may signify a tear. Treatment to date has included hip corticosteroid injections, Naprosyn and Norco. The utilization review from 4/18/2014 denied the request for open repair right hip abductor tendons and crutches, post-op in home physical therapy (PT) 2 weeks because there was little objective evidence of gluteus tear. The patient did not meet criteria for hip abductor tendon repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open repair right hip abductor tendons: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Bone Joint Surg. Am. 2013 Aug 7; 95 (15):1420-5 doi:10.2106/JBJS.L.00709- Surgical Treatment of Hip Abductor Tendon Tears.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Abductor Tendon Tears of the Hip: Evaluation and Management, American Academy of Orthopaedic Surgeons, July 2011 (19), 385-391.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the American Academy of Orthopaedic Surgeons Journal was used instead. The gluteus medius and minimus muscle-tendon complex is crucial for gait and stability in the hip joint. There are three clinical presentations of abductor tendon tears. Degenerative or traumatic tears of the hip abductor tendons, so-called rotator cuff tears of the hip, are seen in older patients with intractable lateral hip pain and weakness but without arthritis of the hip joint. The second type of tear may be relatively asymptomatic. It is often seen in patients undergoing arthroplasty for femoral neck fracture or elective total hip arthroplasty (THA) for osteoarthritis. The third type of abductor tendon dysfunction occurs with avulsion or failure of repair following THA performed through the anterolateral approach. Abductor tendon tear should be confirmed on MRI. When nonsurgical management is unsuccessful, open repair of the tendons with transosseous sutures is recommended. Good pain relief has been reported following endoscopic repair. In this case, the patient complained of lateral right hip pain. She was using a Cam walker boot intermittently for recurring plantar fasciitis which may have resulted to an exacerbation of right hip pain. Her symptoms persisted despite hip corticosteroid injections, Naprosyn and Norco. Examination showed tenderness over the lateral trochanteric region and weak hip abductors. The MRI showed mild gluteus minimus tendinosis. However, the treating provider cited presence of fluid within the gluteus medius and minimus tendons which may signify a tear. There is a discrepancy between the radiologist and treating provider's opinion. The physician cited that he would ask another radiologist's opinion however there was no follow-up report concerning the issue. The official MRI result is also not submitted for review. The medical necessity cannot be established due to insufficient information. Therefore, the request for open repair right hip abductor tendons is not medically necessary.

Crutches, post-op in home PT 2 weeks:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Bone Joint Surg. Am. 2013 Aug 7; 95 (15):1420-5 doi:10.2106/JBJS.L.00709- Surgical Treatment of Hip Abductor Tendon Tears.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg chapter, Walking Aids (Canes, Crutches, Braces, Orthoses, & Walkers).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and Official Disability Guidelines (ODG) was used instead. According to ODG, walking aids (canes, crutches, braces, orthosis & walkers) are recommended. Almost half of patients with knee pain possess a walking aid. Disability, pain and age-related impairments seem to determine the need for a walking aid. In this case, the request for open repair right hip abductor tendons has been deemed not medically necessary due to lack of information. There is

no clear rationale for certifying a walking aid at this time. Therefore, the request for crutches, post-op in home PT 2 weeks is not medically necessary.