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| Case Number: | CM14-0061439 | | |
| Date Assigned: | 09/12/2014 | Date of Injury: | 04/11/2013 |
| Decision Date: | 12/23/2014 | UR Denial Date: | 04/14/2014 |
| Priority: | Standard | Application Received: | 05/02/2014 |

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:

This is a 30 year old female with a 4/11/13 injury date. A right hip MR arthrogram on 1/3/14 revealed irregularities seen at the chondral labral junction of the superior labrum, and at the base of the anterior right hip labrum, most likely variants; however, a tear of the anterior labrum could not be excluded. A 4/16/14 note revealed that a 10/7/13 right hip MR arthrogram showed a small chondral labral separation on the anterior aspect of the labrum, and an elevated alpha angle of about 65 degrees. In a 5/19/14 note, the patient complained of persistent right hip pain and a recent fall when the hip gave out due to instability. The patient was still working and noted pain with any kind of prolonged sitting. On 6/30/14, the patient underwent a diagnostic injection to the right hip, which resulted in complete resolution of symptoms. In a 6/30/14 note, the patient complained of persistent right hip pain. Objective findings included positive right hip impingement signs. Diagnostic impression: right hip labral tear. Treatment to date: NSAIDS, physical therapy (9 sessions), home exercise, injection. A UR decision on 4/14/14 denied the request for right hip arthroscopy with labral repair because there was no evidence of labral tear on imaging and the patient had not completed a full course of physical therapy. The requests for rich plasma injection, post-op physical therapy, CPM, hip brace, anti-rotation boot, EKG, labs, and chest x-ray were denied because the associated surgical procedure was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Hip Arthroscopy, Hip Surgical with Labral Repair: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Hip & Pelvis, and "Arthroscopy may also be employed in the treatment of joint disorders." "In rare cases, hip arthroscopy can be used to temporize the symptoms of mild-to-moderate hip osteoarthritis with associated mechanical symptoms.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Hip and Pelvis Chapter--Arthroscopy

Decision rationale: CA MTUS does not address this issue. ODG states that hip arthroscopy is recommended when the mechanism of injury and physical examination findings strongly suggest the presence of a surgical lesion. In those cases, it is appropriate to proceed directly with the interventional arthroscopy. Arthroscopy may also be employed in the treatment of joint disorders, such as loose bodies, bony impingement, or snapping hip syndrome. In this case, there are clinical findings suggestive of labral tear and MR arthrogram evidence of a possible tear. The patient has failed conservative treatment including medications, therapy, and injections. In addition, a 6/30/14 diagnostic injection resulted in complete but temporary relief of symptoms. Therefore, the request for right hip arthroscopy, hip surgical with labral repair is medically necessary.

Associated surgical services: Post Operative Physical Therapy: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: CA MTUS notes that postsurgical treatment for hip osteoarthritis and allied disorders is 18 visits over 12 weeks. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. With the approval of the requested surgical procedure, the medical necessity for 12 sessions of physical therapy is established. Therefore, the request for Post-Operative Physical Therapy is medically necessary.

Associated surgical service: Rich Plasma injection and Regional Block Under General Anesthesia: 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); Updated 11/29/13: Treatment - Integrated Treatment Disability Duration Guidelines, Knee & Leg, Platelet-rich Plasma-<http://www.worklossdatainstitute.verioiponly.com/> and the Official Disability Guidelines (ODG) Knee.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Hip and Pelvis Chapter--Platelet-rich plasma, Anesthesia

Decision rationale: CA MTUS does not address this issue. ODG states that anesthesia is recommended for surgical procedures. The majority of people with hip fracture are treated surgically, requiring anesthesia. One meta-analysis concluded that there is insufficient evidence available from trials comparing regional versus general anesthesia to determine any clinically important differences. However, ODG states that platelet-rich plasma injection is still under study and is not supported. Therefore, the request for rich plasma injection and regional block under general anesthesia is not medically necessary.

Associated surgical services: CPM (Continuous Passive Motion): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Disability Duration Guidelines, Knee & Leg, <http://www.worklossdatainstitute.verioiponly.com/>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Hip and Pelvis Chapter--Continuous passive motion

Decision rationale: CA MTUS does not address this issue. ODG states that CPM is indicated for postoperative use for 4-10 consecutive days (no more than 21), for total hip arthroplasty (revision and primary); or for home use, up to 17 days after surgery while patients at risk of a stiff hip are immobile or unable to bear weight, such as under conditions of low postoperative mobility or inability to comply with rehabilitation exercises following a total hip arthroplasty or revision; and revision total hip arthroplasty (THA) would be a better indication than primary THA. Given that this patient's surgery is approved and there will be a significant period of immobilization and inability to bear weight in the post-op period, the use of CPM is appropriate. Certification is given to allow for right hip CPM post-operatively while inpatient for no more than 21 days of use. Therefore, the request for CPM (continuous passive motion) is medically necessary.

Associated surgical services: Hip Brace: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Disability Duration Guidelines, Knee & Leg, <http://www.worklossdatainstitute.verioiponly.com/>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Garrison JC, Osler MT, Singleton SB. Rehabilitation after arthroscopy of an acetabular labral tear. N Am J Sports Phys Ther. 2007 November;2(4):241-250

Decision rationale: CA MTUS and ODG do not address this issue. The article by Garrison et al notes that the primary goals immediately following hip labral repair are to minimize pain and inflammation, protect the surgically-repaired tissue, and initiate early motion exercises. Given the approval of the associated procedure, the medical necessity of the hip brace is established. Therefore, the request for hip brace is medically necessary.

Associated surgical services: Anti-Rot Boot: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Disability Duration Guidelines, Knee & Leg, <http://www.worklossdatainstitute.verioiponly.com/>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: As this DME is not defined, no evidence based guidelines are available.

Decision rationale: CA MTUS and ODG do not address this issue. Anti-rotation boots are commonly used after hip arthroscopy to prevent excessive hip external rotation. However, there are no evidence-based guidelines available regarding their use. Without clear rationale provided as well as description of the device, the medical necessity is not evident. Therefore, the request for anti-rotation boot is not medically necessary.

Associated surgical services: Pre-Op Medical Clearance: EKG: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter - Pre-Operative 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 Chapter--Pre operative EKG and Lab testing

Decision rationale: CA MTUS does not address this issue. ODG states that electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate risk surgeries who have additional risk factors. Given the approval of the associated procedure, a pre-op EKG is appropriate. Therefore, the request for EKG for pre-operative medical clearance is medically necessary.

Associated surgical services: Pre-Op Medical Clearance Labs: CBC, Electrolyte, UA, PT, PTT: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter - Pre-Operative 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 Chapter--Pre operative EKG and Lab testing

Decision rationale: CA MTUS does not address this issue. ODG states that pre-op testing can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Given the approval of the associated procedure, pre-op labs are appropriate. Therefore, the request for pre-op medical clearance labs to include CBC, electrolytes, UA, PT, PTT is medically necessary.

Associated surgical services: Pre-Op Medical Clearance: Chest X-ray: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter - Pre-Operative 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 Chapter--Pre operative EKG and Lab testing

Decision rationale: CA MTUS does not address this issue. ODG states that chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. Given the approval of the associated procedure, a pre-op chest x-ray is appropriate. Therefore, the request for pre-op medical clearance labs to include Chest X-Ray is medically necessary.