

Case Number:	CM14-0067051		
Date Assigned:	07/11/2014	Date of Injury:	02/10/2012
Decision Date:	09/17/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/12/2014

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 51-year-old man who was injured on February 11, 2012 when he stepped onto a small hole inverting his foot, resulting in right lower extremity complaints. There is current injury noted to the right hip. Plain film radiographs from March 10, 2014 show femoral acetabular impingement with a prior MR arthrogram to the hip dated 08/22/13 being unremarkable with no indication of labral or internal pathology. A March 25, 2014 follow up report indicates the claimant's physical examination was consistent with hip pain and that recommendations were for arthroscopic debridement of the hip based on claimant's failed conservative care. There was no documentation of further imaging available for review in this case other than the claimant's normal arthrogram study of August 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right hip arthroscopy with labral repair and femoral neck and acetabular osteoplasty:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines) Hip and Pelvis.

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

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, a right hip arthroscopy with labral repair and osteoplasty would not be indicated. This individual has negative imaging including a negative MR arthrogram to the hip that fails to demonstrate internal pathology that would lend itself to surgical procedure. The need for surgical arthroscopy, based on the claimant's negative imaging would thus not be indicated. Therefore, the request is not medically necessary.

Medical clearance for Pre-op: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id=38289> (Preoperative Evaluation).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

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

Post-op Physical Therapy (12-sessions, 2 times per week for 6 weeks): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines) Hip & Pelvis, Knee & Leg.

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.

Ice machine x2 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339.

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

Crutches: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines) Hip & Pelvis.

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

Hip brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines) Hip & Pelvis.

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

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

Post-op Medications: Percocet 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines) Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids- Criteria For Use Page(s): 76-80.

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

assistant: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines) Low Back.

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

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

Post-op Medication: Ambien 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines) Pain.

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

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

Post-op Med: Naprosyn 500mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines) Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67 OF 127.

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