

Case Number:	CM14-0068303		
Date Assigned:	07/14/2014	Date of Injury:	05/18/2012
Decision Date:	09/08/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/13/2014

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:

Claimant with reported industrial injury on 5/18/12. Claimant per exam note 4/24/14 continues to have pain in the left hip and posterior to the greater trochanter associated with slight limitation of flexion and internal rotation. MRI from 1/16/14 is not available for review in the records but reportedly demonstrates anterior labral pathology. No documentation in the records as to the degree of physical therapy performed on the affected left hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Hip Arthroscopy Labral Repair, Osteoplasty Femur, Osteoplasty Acetabulum.:

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 & Pelvis (Acute & Chronic) (updated 12/09/2013).

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, Arthroscopy.

Decision rationale: CA MTUS/ACOEM is silent on the issue of hip arthroscopy. Per the ODG criteria, recommended when the mechanism of injury and physical examination findings strongly

suggest the presence of a surgical lesion. Surgical lesions include symptomatic labral tears. In this case the records do not have a formal report of findings of the MRI of the left hip from 1/16/14. Therefore the request for Left Hip Arthroscopy Labral Repair, Osteoplasty Femur, Osteoplasty Acetabulum is not medically necessary.

Pre Operative Clearance appointment, EKG, Pre Op Labs (CBC, Chem 7, PT-INR):
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back chapter (Updated 12/27/2013) - Lumbar & Thoracic (Acute & Chronic), Pre Operative Lab Testing.

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.

Crutches: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis (Acute & Chronic) (updated 12/09/2013), Walking Aids.

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.

Post Operative Physical Therapy x 24 sessions: Upheld

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

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.