

Case Number:	CM14-0069800		
Date Assigned:	07/14/2014	Date of Injury:	09/27/2011
Decision Date:	08/22/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/15/2014

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 is 46 years old with an industrial injury reported on 9/27/11. Status post right hip arthroscopy with labral debridement on 7/20/12. Exam note on 3/24/14 demonstrates claimant with complaint of pain in flexion at 90 degrees. Pain is noted with internal and external rotation. Right hip MR arthrogram on 4/14/14 demonstrates tear of the anterior superior labrum medially and degenerative fraying of the anterior superior labral laterally. Utilization review certification on 5/5/14 for right hip arthroscopy. No documentation in the records of significant cardiac history in this claimant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op clearance EKG: 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, Preoperative testing, general.

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:<http://www.brigamandwomens.org/gms/Medical/preopprotocols.aspx>.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) are silent on the issue of preoperative clearance. Alternative guidelines were therefore referenced.

<http://www.brighamandwomens.org/gms/Medical/preopprotocols.aspx> States that patients greater than age 40 require a CBC; males require an electrocardiogram (ECG) if greater than 40 and female is greater than age 50; this is for any type of surgery. In this case the claimant is 46 years old and does not have any evidence in the cited records to support a need for preoperative clearance. Therefore determination is not medically necessary and appropriate.

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, Low Back Chapter, Surgical assistant.

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: <http://www.aaos.org/about/papers/position/1120.asp>.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS)/ American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) / Official Disability Guidelines (ODG) are silent on the issue of assistant surgeon. According to the American College of Surgeons: The first assistant to the surgeon during a surgical operation should be a trained individual capable of participating and actively assisting the surgeon to establish a good working team. The first assistant provides aid in exposure, hemostasis, and other technical function which will help the surgeon carry out a safe operation and optimal results for the patient. The role will vary considerably with the surgical operation, specialty area, and type of hospital. There is no indication for an assistant surgeon for a routine hip arthroscopy. The guidelines state that the more complex or risky the operation, the more highly trained the first assistant should be. In this case the decision for an assistant surgeon is not medically necessary and is therefore is not medically necessary and appropriate.

Post-op physical therapy; one to two times a week for eight weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 23.

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS) Post Surgical Treatment Guidelines, Hip, Pelvis and Thigh, page 23, Osteoarthritis and allied disorders, 18 visits are recommended over 12 weeks. Also according to the CA MTUS, an initial course of post operative therapy is appropriate meaning the number of visits specified in the general course of therapy for the specific surgery. As hip arthroscopy 9 initial visits, the request exceeds this and therefore is not medically necessary and appropriate.

