

<b>Case Number:</b>	CM14-0077213		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	01/28/2013
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	05/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Orthopaedic 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 49-year-old female sustained an industrial injury on 1/28/13. The mechanism of injury was not documented. Conservative treatment had included medications, physical therapy, and multiple cortisone injections to the hip. The 5/24/13 right hip MRI impression documented evidence for a cam-type right femoroacetabular impingement syndrome with a tear of the right anterior labrum, pistol-grip deformity of osteophytes in the right hip, and fibrocystic changes in the anterior aspect of the right femoral head-neck junction. Findings were consistent with right gluteus medius and minimus strain and trochanteric bursitis. The 4/23/14 orthopedic report cited a history of persistent right hip pain with a diagnosis of labral tear and femoroacetabular impingement by MRI. She also had possible trochanteric bursitis/gluteus medius tendonitis. Differential injections showed that the intra-articular injection relieved her pain the most. The provider indicated that there was a problem with the predictability of arthroscopic surgery because of two issues. Her symptoms did not fit well with the only real known diagnosis being entertained. The severity of pain seemed much more out of proportion to any objective findings. Second, her overweight status (BMI 32.4) continued to be an issue and she had not shown the willingness or ability to lose weight. She was adamant that she wanted to proceed with arthroscopic management. Physical exam documented height 60 inches, weight 166 pounds (goal was 150). She walked with an abnormal gait, not really antalgic but fit that pattern better than any other pattern. Hip motion is supple but guarded and painful. There were no mechanical signs elicited. There was diffuse hip tenderness. X-rays were obtained and showed no progressive arthritic changes. There was some build-up of bones/sclerotic bone around the anterolateral femoral head/neck junction that could predispose to cam type impingement. There was no excessive superolateral acetabular overhang. The provider noted that other physicians had recommended surgery. He was reluctant to process but was being asked to do so by the patient

and other physicians. He was not particularly optimistic about the procedure solving all of her issues and could not think of any other interventions. Referral to Stanford where there was a hip preservation department was suggested. The 5/7/14 utilization review denied the right hip surgery and associated requests as there was significant concern expressed by the orthopedist regarding the patient's overweight status and that her pain seemed out of proportion to her objective findings which would be considered a red flag for surgical intervention.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Right Hip Arthroscopy Debridement with right hip femoplasty: 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 Chapter Impingement bone shaving surgery.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis, Arthroscopy, Impingement bone shaving surgery.

**Decision rationale:** The California MTUS does not provide recommendations for hip surgery. The Official Disability Guidelines for hip arthroscopy provide surgical indications include symptomatic acetabular labral tears, hip capsule laxity and instability, chondral lesions, osteochondritis dissecans, ligamentum teres injuries, snapping hip syndrome, iliopsoas bursitis, and loose bodies (for example, synovial chondromatosis). In rare cases, hip arthroscopy can be used to temporize the symptoms of mild-to-moderate hip osteoarthritis with associated mechanical symptoms. The ODG indicated that impingement bone shaving surgery is under study with little evidence that this helps. Guideline criteria have not been met for the requested femoroplasty. There is limited guideline support for impingement bone shaving surgery and the surgeon has expressed concerns regarding the patient's weight and symptoms out of proportion to objective findings. Objective findings are limited to diffuse tenderness and guarded painful range of motion. There were no mechanical signs of impingement. A second opinion with a specialty hip clinic has been suggested. Therefore, this request for right hip arthroscopic debridement with right hip femoroplasty is not medically necessary.

#### **Pre-Op EKG: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement Preoperative evaluation Official Disability Guidelines Low Back Chapter Preoperative Lab testing.

**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: Practice advisory for preanesthesia evaluation: an updated report by the American

Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012 Mar; 116(3):522-38.

**Decision rationale:** As the requested surgery is not medically necessary, the request for pre-op EKG is also not medically necessary.

**Pre- Op Lab: Sodium, Potassium and Hemoglobin:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement Preoperative evaluation Official Disability Guidelines Low Back Chapter Preoperative Lab testing.

**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: Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012 Mar; 116(3):522-38.

**Decision rationale:** As the requested surgery is not medically necessary, the request for pre- op labs (sodium, potassium and hemoglobin) is also not medically necessary..

**Post Op Physical Therapy X 12 sessions to Right Hip:** Upheld

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

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

**Decision rationale:** As the requested surgery is not medically necessary, the request for post op physical therapy x 12 sessions is also not medically necessary.