

Case Number:	CM14-0084975		
Date Assigned:	07/23/2014	Date of Injury:	01/07/2011
Decision Date:	08/27/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/06/2014

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 57-year-old female teacher sustained an industrial injury on 1/7/11 due to a fall. The 6/18/13 left hip MR arthrogram impression documented a tiny focal superior labral tear, anterior to mid portion. The 4/24/14 orthopedic progress report cited a several year history of left hip pain and discomfort. She reported intermittent episodes of very sharp stabbing pain over the anterior aspect where she is not able to walk and had to limp and sit awkwardly. Physical exam documented slight antalgic gait. There was positive pain and discomfort over the anterior aspect of the hip and slight tenderness over the lateral border consistent with bursitis. Range of motion was good. There was sharp stabbing pain with internal rotation in a flexed position. There was a click and a catch consistent with a labral tear. MRI was reviewed and showed a small anterior labral tear. There was no significant femoroacetabular impingement noted but the MRI equipment used was not always sensitive to cartilaginous changes. The treatment plan recommended hip arthroscopy with repair versus debridement of the labrum and possible osteoplasty or chondroplasty based on the intra-articular findings. The 5/28/14 treating physician report cited the patient was seen for a recheck of her left hip, knee and shoulder pain. The patient reported that hip surgery had been requested. She reported that the last physical therapy for the hip was early in the injury. She had a cortisone injection in September 2013 with 3 to 4 weeks of relief. Medications were prescribed including Norco and Ibuprofen. The patient was to continue modified duty. The 6/5/14 utilization review denied the request for left hip arthroscopy and associated services based on an absence of documented conservative treatment and benefit. There was no evidence of a femoroacetabular impingement or cam lesion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient left hip scope, labral debridement versus repair; possible osteoplasty/chondroplasty: 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), 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) Hip & Pelvis, Arthroscopy, Repair of labral tears, Impingement bone shaving surgery.

Decision rationale: The California Medical Treatment Utilization Schedule does not provide recommendations for hip surgery. The Official Disability Guidelines for repair of labral tears recommend early treatment including rest, anti-inflammatory medications, physical therapy, and cortisone injections. If these treatments fail to alleviate pain associated with the hip labral tear within the first month, a hip arthroscopy procedure may be considered. The guideline criteria have been met. This patient presents with a 3-year history of hip pain with clicking and catching. There are intermittent episodes of functionally disabling pain. MR arthrogram and clinical findings are consistent with an anterior labral tear. Physical therapy and cortisone injections have been tried and have failed. Therefore, this request for outpatient left hip scope, labral debridement versus repair, possible osteoplasty/chondroplasty is medically necessary.

Pre-operative labs, CBC, Chem panel, PT, PTT, and 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.

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 - Lumbar & Thoracic, Preoperative electrocardiogram (ECG), Preoperative lab testing.

Decision rationale: The California MTUS guidelines do not provide recommendations for pre-operative testing. The Official Disability Guidelines (ODG) state the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Indications for such testing should be documented and based on medical records, patient interview, physical examination, and type and invasiveness of the planned procedure. The Official Disability Guidelines state that EKG is recommended for patients undergoing intermediate-risk surgery who have additional risk factors. The guideline criteria have been met. Middle-aged females have known occult increased medical and cardiac risk factors. Given these clinical indications, this request for pre-operative labs, CBC, Chem panel, PT, PTT, and EKG is medically necessary.

Post-operative physical therapy 2 times weekly for 4 weeks: 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) Hip & pelvis (updated 02/25/14).

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

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for hip arthroscopy suggest a general course of 18 post-operative visits over 12 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 9 visits. 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. This initial request for post-operative therapy is consistent with guidelines. Therefore, this request for post-operative physical therapy 2 times weekly for 4 weeks is medically necessary.