

Case Number:	CM14-0104468		
Date Assigned:	07/30/2014	Date of Injury:	04/11/2013
Decision Date:	07/31/2015	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/07/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 31 year old female, who sustained an industrial/work injury on 4/11/13. She reported initial complaints of bilateral hip pain. The injured worker was diagnosed as having right hip labral tear, impingement. Treatment to date has included medication, physical therapy, and steroid injections. MRI results were reported on 10/7/13, 1/3/14. Currently, the injured worker complains of pain in the left and right hip (R>L). Per the primary physician's progress report (PR-2) on 4/2/14, examination revealed full range of motion in the lumbar spine, bilateral hips, some positive impingement sign on the left, more so on the right, normal sensation throughout and 2+ dorsal pedal pulses. Current plan of care included right hip arthroscopy with labral repair. The requested treatments include right hip arthroscopy, surgical with labral repair, Post-Op Physical Therapy, Platelet rich plasma injection and regional block under general anesthesia, Hip brace purchase, Pre-op medical clearance, Anti-rot brace (boot) (unknown if purchase or rental), Mobileg crutches, V-pulse, and continuous passive motion (CPM) machine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right hip arthroscopy, surgical with labral repair: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Hip and Pelvis, Arthroscopy.

Decision rationale: CA MTUS/ACOEM is silent on the issue of hip arthroscopy. Per the ODG Hip and Pelvis, Arthroscopy, "recommended when the mechanism of injury and physical examination findings strongly suggest the presence of a surgical lesion." Surgical lesions include symptomatic labral tears which are not present on the MRI from 1/3/14. Early treatment of labral tears per the ODG includes rest, anti-inflammatories, physical therapy, and cortisone injections. There is insufficient evidence in the exam notes from 4/2/14 of a definitive examination correlating with imaging findings. Therefore the request is not medically necessary.

Post-Op Physical Therapy, 2 x 6: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Platelet rich plasma injection and regional block under general anesthesia: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Knee and Leg, Platelet rich plasma.

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

Hip brace purchase: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Knee and Leg, DME.

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

Pre-op medical clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Low Back, Preoperative testing.

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

Anti-rot brace (unknown if purchase or rental): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Knee and Leg, DME.

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

Mobileg crutches, x2 purchase: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Knee chapter, walking aids.

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

V-pulse, 21 days rental: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Knee and leg section, Venous thrombosis.

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

CPM, 21 days rental: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Knee and leg section, Venous thrombosis.

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