

Case Number:	CM14-0177754		
Date Assigned:	10/31/2014	Date of Injury:	09/16/2007
Decision Date:	03/06/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/27/2014

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. 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:

41 year old female claimant with an industrial injury dated 09/16/07. The patient is status post a L4-5 lumbar fusion as of 06/28/10. MRI dated 03/06/14 demonstrates moderate insertional gluteal tendinopathy with no labral tear or chondromalacia of the left hip. Exam note 10/01/14 states the patient returns with left hip pain. Conservative treatments have included a cortisone injection with little pain relief. Upon physical exam there was evidence of tenderness surrounding the left trochanteric bursa. The patient demonstrated a limited range of motion of the left hip. Distal neurovascular exam was noted as intact. Treatment includes a cane for mobility, and a hip arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic arthroscopy to left hip: 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-TWC)

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 which is not present on the MRI from 3/6/14. 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 10/1/14 of conservative care being performed. Therefore the determination is for non-certification.