

Case Number:	CM15-0008999		
Date Assigned:	01/27/2015	Date of Injury:	12/16/2011
Decision Date:	03/31/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/15/2015

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: New York

Certification(s)/Specialty: Neurological 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:

This 33 year old male sustained an industrial injury on 12/16/2011. He has reported right hip pain. The diagnoses have included nontraumatic slipped upper femoral epiphysis; pain in joint, pelvic region and thigh; and traumatic arthropathy, pelvic region and thigh. Treatment to date has included medications, aquatic therapy, and surgical intervention. Medications have included Ultram and Mobic. Surgical intervention has included right hip arthroscopy with labral repair, femoral neck osteoplasty and acetabuloplasty, performed on 05/13/2013. MRI scan of 06/17/14 showed no definite recurrent labral tear. A progress note from the treating physician, dated 12/24/2014, documented a follow-up visit with the injured worker. The injured worker reported worsening pain, stiffness, popping, and clicking in the right hip; rated pain at 6/10 on the visual analog scale; and continued groin and lateral pain. Objective findings included right hip range of motion is tolerated with mild pain at extremes of motion; improved hip strength, flexion, and endurance; and tenderness to palpation over anterior hip. The treating physician noted that the injured worker would like to proceed with revision hip arthroscopy. The treatment plan has included request authorization for revision hip arthroscopy of the right hip; and follow-up evaluation. On 01/12/2015 Utilization Review noncertified a Right hip arthroscopy, labral debridement, labral repair, and synovectomy; Associated surgical service: assistant surgeon; Pre-op history and physical; Pre-op labs; Pre-op EKG; Post-op physical therapy, 2 times a week for 6 weeks; and Post-op crutches. The ODG, Hip and Pelvis Chapter regarding Arthroscopy was cited. On 01/15/2015, the injured worker submitted an application for IMR for review of a Right hip arthroscopy, labral debridement, labral repair, and synovectomy; Associated surgical service:

assistant surgeon; Pre-op history and physical; Pre-op labs; Pre-op EKG; Post-op physical therapy, 2 times a week for 6 weeks; and Post-op crutches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right hip arthroscopy, labral debridement, labral repair and synvectomy: 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), Hip and pelvis chapter, Arthroscopy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip Chapter-Arthroscopy

Decision rationale: The ODG guidelines list indications for hip arthroscopy. This patient does not have objective evidence to meet any of the conditions on the list. Moreover, guidelines indicate the wisdom of exercise programs. The documentation does not contain a description of such a program or the worker's compliance with such a program. Thus the requested treatment: right hip arthroscopy, labral debridement, labral repair and synvectomy is not medically necessary and appropriate.

Associated surgical service: assistant surgeon: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Pre-op history and physical: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Pre-op labs: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Pre-op EKG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Post-op physical therapy, 2 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Post-op crutches: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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