

Case Number:	CM15-0101920		
Date Assigned:	06/04/2015	Date of Injury:	12/23/2010
Decision Date:	07/09/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	05/27/2015

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: Minnesota, Florida

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 57-year-old female, who sustained an industrial injury on 12/23/10. The diagnoses have included Left Hip Femoroacetabular Impingement (FAI) with labral tear, lumbar facet arthropathy, lumbar degenerative disc disease (DDD) and lumbar radiculopathy. Treatment to date has included medications, activity restrictions, diagnostics, lumbar epidural steroid injection (ESI) and conservative care. Currently, as per the physician progress note dated 5/7/15, the injured worker recently had a Magnetic Resonance Imaging (MRI) of the left hip and has pain in the left hip, groin and thigh. There are also complaints of giving way and intermittent catching but most of the discomfort is related to activity. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the left lower extremity joint dated 4/30/15 reveals fraying of the labrum with fibrocystic changes at the femoral head-neck junction and mild osseous prominence in keeping with cam-type femoroacetabular impingement and calcific tendinitis of the left hamstring tendons. The physical exam reveals that the left hip shows full but slightly uncomfortable range of motion and slightly positive compression grind test is noted. The physician noted that in review and given the findings of labral tear, as well as hip impingement, a left hip arthroplasty is recommended. The physician requested treatments included Left Hip Femoroacetabular Impingement (FAI) Decompression and Labral Repair, Surgical Assistant, Pre-operative clearance History and Physical, to include EKG and blood work, and Post-Operative Physical Therapy (12-sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Hip Femoral Acetabular Impingement (FAI) Decompression and Labral Repair:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hip & Pelvis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Hip and Pelvis, Topic: Arthroscopy, Repair of labral tears, Impingement bone shaving surgery.

Decision rationale: Hip impingement surgery was designed with the concept that bone has rough edges or an irregular shape in the hip and is rubbing against soft tissue in the joint causing tendons to fray or muscles to tear can be shaved and smoothed it is protecting patients from further injury and also protecting them from developing arthritis. ODG guidelines indicate that prophylactic surgical treatment of femoral acetabular impingement is not warranted. Repair of labral tears is recommended upon failure of conservative treatment. Labral tears present with anterior hip or groin pain and less commonly buttock pain. Frequently there are symptoms of clicking, locking, and giving way. The most consistent examination finding is a positive anterior hip impingement test. The non-operative management includes rest, NSAIDs, physical therapy, and cortisone injection. If these treatments fail to alleviate the pain associated with a hip labral tear within the first month a hip arthroscopy procedure may be considered. In this case, a follow-up physical medicine and rehabilitation and pain medicine note dated 3/6/2015 indicates that the injured worker has pain in the lumbosacral spine radiating to both lower extremities associated with numbness, more on the left as compared to the right and some weakness of the legs. She was taking medication and also doing home exercises. She also reported left hip pain. On examination straight leg raising was positive on the left, there was decreased sensation in both feet and decreased range of motion of the low back with left hip tenderness and decreased strength in the ankles. The plan was to do left L4, right L5 and left S1 epidural steroid injections. On 3/6/2015, the injured worker underwent a left L4, right L5 and left S1 transforaminal epidural steroid injections under IV sedation. On March 12, 2015 the orthopedic notes document slight limitation of range of motion of the left hip with tenderness surrounding the greater trochanter. Per an unofficial reading, x-rays of the pelvis and left hip showed evidence of femoroacetabular changes with an adjacent spur. The osteophyte was localized and not diffuse as in generalized osteoarthritis. An office note dated May 7, 2015 indicates the diagnosis of left hip femoroacetabular impingement with labral tear. An MRI report pertaining to the left hip dated April 30, 2015 is noted. Intra-articular gadolinium based contrast was utilized for the imaging study. The findings included mild fraying of the anterior labrum, fibrocystic changes at the femoral head/neck junction with mild osseous prominence at the femoral head/neck junction in keeping with a cam-type femoral acetabular impingement. The fraying of the anterior labrum was likely sequelae of the femoroacetabular impingement. There was no evidence of labral detachment. Furthermore, conservative treatment has not been documented. ODG guidelines indicate that impingement bone shaving surgery is under study. It is a popular surgery in sports medicine but there is little evidence that shaving bone helps. In a 2011 study, Phillippon concluded that patients with greater than 2 mm of joint space might expect improvement over

pre-operative status in pain and function after hip arthroscopy for femoroacetabular impingement. However, in 2011 Hartofilakidis concluded that prophylactic surgical treatment of femoroacetabular impingement is not warranted. With regard to arthroscopy for labral tears, ODG guidelines indicate that it has been shown to be of benefit in recent traumatic labral injury but disappointing in the management of chronic hip pain. The finding that an asymptomatic volunteer has a greater than 50% chance of having a labral tear emphasizes the danger of making clinical decisions to operate on the sole basis of a diagnostic test without clinical information. Although fraying of the labrum was documented, there was no actual acetabular labral tear identified. Furthermore, there was no detachment of the labrum identified. As such, the request is not medically necessary.

Surgical Assistant: 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: Section: Hip and Pelvis, Topic: Arthroscopy, Repair of labral tears, Impingement bone shaving surgery.

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

Pre-Operative Clearance: History and Physical (to include EKG and blood work): 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: Section: Hip and Pelvis, Topic: Arthroscopy, Repair of labral tears, Impingement bone shaving surgery.

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

Post-Operative Physical Therapy (12-sessions): 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: Section: Hip and Pelvis, Topic: Arthroscopy, Repair of labral tears, Impingement bone shaving surgery.

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

