

Case Number:	CM15-0132634		
Date Assigned:	07/20/2015	Date of Injury:	09/05/2011
Decision Date:	08/19/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/08/2015

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: Illinois, California, Texas
 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:

This injured worker is a 35-year-old male who sustained an industrial injury on 8/5/11. The mechanism of injury was not documented. Past medical history was reported as negative. The injured worker was a non-smoker. The 4/7/15 right hip MRI impression documented a complex large tear involving the anterior and superior right labrum with adjacent paralabral cyst and mild chondromalacia. The 5/27/15 treating physician report cited on-going low back and right hip pain worse with prolonged sitting, walking, bending, standing, lying down, and lifting. Pain was reduced from 9/10 to 7/10 with medications. Physical exam documented painful right hip range of motion, sensation decreased over the right lateral upper leg, pain with lumbar flexion/extension, tenderness over the right paraspinals, and positive straight leg raise. Imaging showed a complex labral tear. The treatment plan recommended orthopedic referral. The 5/28/15 orthopedic report cited right upper thigh and lower back pain with walking. Physical exam documented antalgic gait, right greater trochanter and buttocks tenderness, and positive hip improvement testing. Authorization was requested for right hip arthroscopy with possible labral debridement versus repair, possible acetabuloplasty, possible femoral head re-contouring, and possible greater trochanteric bursectomy, and associated surgical requests including post-op physical therapy x 12, and Vascutherm compression wraps x 30 days. The 6/28/15 utilization review certified the requested left hip arthroscopic surgery. The request for post-op physical therapy x 12 visits was modified to 6 visits to allow documentation of participation and functional gain. The request for Vascutherm compression wraps for 30 days was modified to 7

days use as there was insufficient evidence to support the medical necessity beyond the immediate post-operative period.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Post operative physical therapy, 12 visits: 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: The California Post-Surgical Treatment Guidelines do not provide specific recommendations relative to labral repair surgery. In general for arthroscopic surgery of the hip, guidelines suggest a general course of 14 to 18 post-operative visits over 3 months during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course. 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. The 6/28/15 utilization review recommended partial certification of 6 post-operative physical therapy visits to allow for assessment of functional response. There is no compelling reason to support the medical necessity of additional physical therapy prior to trial and assessment of benefit. Therefore, this request is not medically necessary.

Associated Surgical Service: Vasotherm compression wraps for 30 days: 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 Official Disability Guidelines (ODG) Hip & Pelvis: Venous Thrombosis; Knee and Leg: Compression garments.

Decision rationale: The California MTUS guidelines are silent with regard to deep vein thrombosis (DVT) prophylaxis. The Official Disability Guidelines (ODG) recommends identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures, such as consideration for anticoagulation therapy. The ODG generally recommend compression garments in the form of low-level compression applied by stockings for prevention of edema and deep vein thrombosis. There is no documentation that anticoagulation therapy would be contraindicated, or standard compression stockings insufficient, to warrant the use of mechanical prophylaxis. The 6/28/15 utilization review modified this request for 30-day use to 7 day use. There is no compelling rationale to support the medical necessity of additional certification at this time. Therefore, this request is not medically necessary.

