

Case Number:	CM15-0135805		
Date Assigned:	07/23/2015	Date of Injury:	02/27/2015
Decision Date:	08/21/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/14/2015

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: California, Oregon, Washington
 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 47 year old male sustained an industrial injury to the back and hips on 2/27/15 after a fall. X-rays of the left hip taken at the time of injury showed a faint sclerotic lesion in the intertrochanteric femur. Magnetic resonance imaging lumbar spine (5/28/15) showed lumbosacral transitional segment designated as L5, broad based disc protrusions at L4-5 and L3-4 effacing the thecal sac, mild discogenic spondylosis and mild facet arthrosis. Magnetic resonance imaging left hip (4/24/15) showed a tear of the left hip labrum with cyst formation and mild left hip osteoarthritis. In an initial orthopedic evaluation dated 5/27/15, the injured worker complained of pain to the cervical spine, mid back, low back and left hip with radiation to the inside of the left leg as well as headaches. Physical exam was remarkable for tenderness to palpation to the lumbar spine, thoracic spine and cervical spine with decreased range of motion as well as pain and muscle spasm in the posterior aspect of the left hip and gluteal region with decreased range of motion and positive impingement test. The injured worker had difficulty walking on toes and heels on the left side. Current diagnoses included left hip injury at the level of the labrum causing Femuro-Acetabular bony impingement syndrome, cervical spine disc derangement, cervical spine radiculopathy, lumbar spine disc protrusion, lumbar spine radiculopathy and possible thoracic spine disc injury. The treatment plan included magnetic resonance imaging cervical spine, magnetic resonance imaging lumbar spine and requesting authorization for left hip arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy of left hip: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

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. 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 5/27/2015 of conservative care being performed. Therefore the determination is for not medically necessary.