

<b>Case Number:</b>	CM15-0160570		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	05/04/2010
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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:

The injured worker (IW) is a 64 year old female who sustained an industrial injury on 05/04/2010. She reported a slip and fall injury to the left pelvis, left leg, and left forearm. The injured worker was diagnosed as having: Pain in the hip-thigh; Closed fracture of Ischium. Treatment to date has included oral pain medications, and physical therapy, diagnostic radiology and surgery. On 05/26/2015, the worker is seen for left hip pain. The injured worker complains of pain she rates as a 3 on a scale of 0-10, and describes as burning and sharp with radiation to groin as well as anterior and posterior aspects of the leg. She has pain specifically in the left groin when attempting to stand, sit, or walk for prolonged periods. Objectively, the worker is having less symptoms due to the fact that she has had surgery on the right knee and is on narcotics and using crutches. She has localized tenderness in the left hip anteriorly and pain limited range of motion on internal and external rotation. The treatment plan is for an arthroscopy of the left hip and labrum debridement with return to clinic in one month. A request for authorization was submitted for Arthroscopy of left hip.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis (Acute and Chronic), 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 and Pelvis, Arthroscopy.

**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". Surgical lesions include symptomatic labral tears which are not present on MRI. 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 5/26/15 of sufficient conservative care being performed. Therefore the determination is not medically necessary.