

Case Number:	CM15-0165039		
Date Assigned:	09/02/2015	Date of Injury:	07/28/2011
Decision Date:	10/21/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/22/2015

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, Indiana, Oregon
 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 33-year-old female, who sustained an industrial injury on 7-28-2011. She reported injury to the right hip from a slip and fall. Diagnoses include right hip pain and labral tear. Treatments to date include activity modification, medication therapy, physical therapy, chiropractic therapy, and joint injections. Currently, she complained of ongoing right hip pain. On 7-30-15, the physical examination documented tenderness in the groin and greater trochanter. There was a positive impingement sign. The MRI dated January 2014 was noted to reveal a labral tear. The plan of care included obtaining an updated right hip MRI and possible surgery. The appeal request authorization of a right hip arthroscopy, possible labral debridement versus repair, possible acetabuloplasty, possible femoral head recontouring (osteochondroplasty), possible tendon release, possible greater trochanteric bursectomy, pre-operative clearance, pre-operative appointment, orthopedic consultation, pre-operative right hip x-ray AP pelvis and frog lateral of right hip, twelve post-operative physical therapy visits, surgical assistant, hip abduction brace, spring assist crutches, VascuTherm, iceless cold therapy, compression and DVT prophylaxis with DVT and thermal compression wraps for duration of thirty days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Hip Arthroscopy, Possible Labral Debridement vs. Repair, Possible Acetabuloplasty, Possible Femoral Head Recontouring (Osteochondroplasty), Possible Tendon Release, and Possible Greater Trochanteric Bursectomy: 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 & Chronic), Arthroplasty.

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 Chapter.

Decision rationale: The CA MTUS/ACOEM Guidelines are silent on the issue of hip arthroscopy. According to the Official Disability Guidelines, arthroscopy is 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 is not present on the MRI report in the record review. The lesion is read as an irregularity, which in that region is not clear evidence of labral tear. Therefore, the request is not medically necessary.

Pre-Operative X-Ray: AP Pelvis and Frog Lateral of the Right Hip: 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.

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.

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 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-Operative Appointment with MD: 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.

Associated Surgical Service: Hip Abduction Brace: 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.

Associated Surgical Service: Spring Assist Crutches (x2): 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.

Associated Surgical Service: VasuTherm 4: 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.

Associated Surgical Service: Iceless Cold Therapy: 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.

Associated Surgical Service: Compression and DVT Prophylaxis with DVT and Thermal 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 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.