

Case Number:	CM15-0195526		
Date Assigned:	10/12/2015	Date of Injury:	12/04/2014
Decision Date:	11/20/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/05/2015

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 is a 33 year old male who sustained on December 04, 2014. A consulting examination done on December 15, 2014 reported physical examination noted: left hip range of motion is significantly less than right unaffected side showing forward flexion limited to 85 degrees with pain at end of range in the groin. With extension he was able to get to 10 degrees with pain in the groin. He is very weak and painful in abduction. The assessment noted the worker with: bilateral hip femoral acetabular impingement syndrome; left hip cam and pincer lesions, and acute labral tear of the left hip likely industry related. There is request for MRI of left hip as there is a large effusion present and hip injection. Orthopedic follow up dated August 06, 2015 reported chief subjective complaint of: left hip pain. Over the past several months his pain has gradually increased being no longer able to climb stairs or ladders, crawl lift or carry. The impression noted: femoroacetalbular impingement bilateral hips. There is noted recommendation for arthroscopic evaluation of hips for purposes of osteoplasty and labral resection versus repair. Active medications showed: Norco and Ibuprofen. Previous treatment to involve: activity modification, medication, injection, physical therapy. On September 10, 2015 a request was made for left hip arthroscopy with labral resection versus repair that was denied by Utilization Review on September 17, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left hip arthroscopy with labral resection versus repair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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. Hip arthroscopy is used both as a diagnostic and therapeutic tool; it has been shown to be of benefit in recent traumatic labral injury, but disappointing in the management of chronic hip pain (which may be associated with degenerative change, and chondral lesions of the acetabulum). Hip arthroscopy may be indicated for loose body removal when open treatment is not otherwise necessary. Surgical lesions include symptomatic labral tears which is 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 12/15/14 of conservative care being performed. Indications for arthroscopy: Symptomatic acetabular labral tears Hip capsule laxity and instability Chondral lesions Osteochondritis dissecans Ligamentum teres injuries Snapping hip syndrome Iliopsoas bursitis Loose bodies (for example, synovial chondromatosis) Other possible indications Management of osteonecrosis of the femoral head Bony impingment Synovial abnormalities Crystalline hip arthropathy (gout and pseudogout) Infection Post-traumatic intraarticular debris in rare cases, hip arthroscopy can be used to temporize the symptoms of mild-to-moderate hip osteoarthritis with associated mechanical symptoms. Therefore the request is not medically necessary.

Post op crutches: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.