

Case Number:	CM15-0206942		
Date Assigned:	10/23/2015	Date of Injury:	07/11/2012
Decision Date:	12/07/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/21/2015

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 38-year-old female who sustained an industrial injury on 7/11/12, relative to a motor vehicle accident. She was driving a bus that was involved in a high-speed head-on collision with massive trauma. She sustained multiple injuries including brain contusion, fractures of all four extremities, and rib fractures. She underwent numerous surgeries to the left elbow, right wrist, and bilateral legs, knees, ankles and feet. The 7/30/15 treating physician report cited constant deep right hip pain that wakes her at night. Pain was present with walking, sitting, and lying down. She felt weaker in the right leg. Right hip exam documented mild tenderness to palpation and intact lower extremity sensation. Right hip range of motion was documented as flexion 90 degrees, internal rotation to 15 degrees, and external rotation to 45 degrees. Pain was noted with flexion and internal rotation. There was 4+/5 right hip flexor weakness. X-rays showed retroversion of the acetabulum with CAM type deformity. Imaging was concerning for chronic degenerative of the right hip labrum with a small tear of the anterior superior portion. She had right hip pain likely due to retroversion of the acetabulum with small labral tear due to femoroacetabular impingement. An updated MR arthrogram of the right hip was recommended. The 7/30/15 bilateral hip and pelvis x-ray impression documented retroversion of both acetabula and CAM-type deformity of both proximal femora that may be associated with femoroacetabular impingement. The 8/31/15 right hip MRI with contrast impression documented a tear of the superior/lateral labrum of the right hip and fraying of the right foveal ligament. The anterior labrum was not fully visualized possibly due to the injection. There was no evidence of displaced fracture of the right femoral head, neck or intertrochanteric

region on the current study. However, there was nonspecific minor edema adjacent to the anterior cortex of the proximal diaphysis of the femur where there was thickening of the cortex. Plain film correlation was recommended. Records documented conservative treatment to the right hip had included medications, injections, physical therapy, and activity modification. Authorization was requested for right hip arthroscopy, labral repair versus debridement, and possible osteochondroplasty and acetabuloplasty. The 10/8/15 utilization review non-certified the right hip arthroscopy, labral repair versus debridement, and possible osteochondroplasty and acetabuloplasty as there was no evidence or other indication for hip replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right hip arthroscopy labral repair vs debridement possible osteochondroplasty and acetabuloplasty: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indications for Surgery, Hip arthroplasty; Hip Replacement.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hip and groin disorders. In: Hegmann KT, editor(s). Occupational medicine practice guidelines. Evaluation and management of common health problems and functional recovery in workers. 3rd ed. Elk Grove Village (IL): American College of Occupational and Environmental Medicine; 2011. p. 1-440. [1499 references].

Decision rationale: The California Medical Treatment Utilization Schedule does not provide recommendations for hip surgery. The ACOEM hip and pelvis guidelines state that arthroscopic surgery or open repair is recommended for hip impingement or labral tear cases that fail conservative management with anti-inflammatory medications, corticosteroid injections, and physical therapy. Guideline criteria have been met. This injured worker presents with persistent right hip pain with walking, sitting or lying down. Clinical exam findings are consistent with radiographic and imaging evidence consistent with labral pathology and femoroacetabular impingement. Evidence of long-term reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.