

Case Number:	CM15-0038240		
Date Assigned:	03/06/2015	Date of Injury:	03/10/2010
Decision Date:	04/17/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/27/2015

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: Minnesota, Florida

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 fell down the stairs on March 9, 2010 sustaining injuries to the left hip and left knee. She was treated with a knee immobilizer and crutches. Her pain persisted and she underwent an MR arthrogram of the left hip and MRI of the left knee on 5/17/2010. There was a second MR arthrogram of the left hip done on 6/17/2010. She was then referred to an orthopedic surgeon who recommended arthroscopic surgery of the left hip for a labral tear. She then underwent arthroscopic surgery of the left knee. She never became pain-free after the hip surgery. However, she did improve with regard to some clicking and catching which subsided. She continued to experience low back pain with radiation to the left buttock area. She then underwent an MRI of the left hip on 6/19/2014 followed by an MR arthrogram on 7/14/2014. The MRI scan and MR arthrogram were both negative. There was no evidence of a labral tear. Per QME of August 27, 2014, she was continuing to experience low back pain radiating to the back of the left hip and the buttock. On examination, she was tender to palpation over the left sacroiliac joint. There was no tenderness in the left sciatic notch. Range of motion of both hips was normal. Trendelenburg test for the left hip was negative. Patrick's test for the left hip was also negative. A CT arthrogram of the left sacroiliac joint was recommended. Documentation indicates that she refused this study. On 10/28/14, a lumbar MRI revealed a 3 mm left-sided broad-based disc bulge which encompassed the left paracentral, foraminal, and extraforaminal regions. Facet arthropathy was also seen. Ligamentum flavum thickening was noted. There was no spinal canal stenosis. However, there was mild to moderate left lateral recess narrowing and also mild to moderate left foraminal stenosis and mild right neural foraminal stenosis. A request

for arthroscopy of the left hip was noncertified by utilization review as the MRI scan and MR arthrogram both did not show a labral tear. A report of illness, dated 12/23/2014 described the patient with limited use of left hip and able to work 4 hours daily. She is unable to stand a full days work due to significant pain with prolonged sitting, standing and walking. A specialist, orthopedic visit dated 01/16/2015 reported a chief complaint of low back, left gluteal and left thigh pain. Prior surgical treatment included; bilateral arthroscopy knees and left hip arthroscopy. The impression noted low back pain, lumbar degeneration, lumbar stenosis and left leg radiculopathy. The plan of care involved recommending a left L-3 transforaminal injection, physical therapy and weight loss program along with the use of anit-inflammatories. A request was made for a left hip arthroscopy. On 02/02/2015, Utilization Review, non-certified the request, noting the ODG, Hip and Pelvis Chapter, Arthroscopy was cited. The injured worker submitted an application for independent medical review of services requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy left hip with debridement/shaving of articular cartilage (chondroplasty):

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 Chapter.

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

Decision rationale: ODG guidelines recommend arthroscopy of the hip for symptomatic acetabular labral tears. Other indications include laxity and instability of the hip capsule, chondral lesions, osteochondritis dissecans, ligamentum teres injuries, snapping hip syndrome, iliopsoas bursitis, loose bodies and possibly indicated for osteonecrosis of the femoral head, bony impingement, synovial abnormalities, and crystalline hip arthropathy, infection and posttraumatic intra-articular debris. In this case there was an acetabular labral tear diagnosed for which arthroscopy was performed. The operative report has not been provided. Subsequent diagnostic studies including a repeat MRI scan and MR arthrogram did not show a recurrent labral tear. Documentation does not indicate a chondral defect. The clinical picture is that of low back pain and sacroiliac pain with some radiation down the leg. In light of the negative MRI scan and negative MR arthrogram of the hip, a repeat arthroscopy of the hip is not indicated per guidelines. As such, the request for arthroscopy with debridement/ shaving of articular cartilage (chondroplasty) of the left hip is not supported and the medical necessity of the request has not been substantiated.