

Case Number:	CM15-0055678		
Date Assigned:	04/01/2015	Date of Injury:	07/28/2003
Decision Date:	05/01/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/24/2015

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:

The injured worker is a 52-year-old male who sustained an industrial injury on 7/28/03. The mechanism of injury was not documented. He was diagnosed as having lumbar degenerative disc disease, lumbar facet arthropathy, lumbar radiculopathy, myofascial pain syndrome, lumbar spine stenosis, and status post back surgery. The 6/27/14 initial orthopedic report cited the injured worker presented for evaluation of significant right groin pain radiating into the right testicle. Hip pain occurred with active motion. Right hip exam documented palpable groin tenderness without swelling, and symmetrical hip motion to 120 degrees flexion. Gross motor testing was normal. Straight leg raise did not produce anterior groin discomfort with resistance. Anterior and posterior impingement signs and Ober testing was positive. X-rays were taken and showed some sclerosis and mild irregularity of the acetabular weight bearing surface consistent with early arthrosis. Anterior-posterior pelvis views showed a relatively small sclerotic margined cyst in the anterolateral femoral neck bilaterally. The diagnosis was right hip pain suspicious for possible intraarticular etiology with cam type impingement and secondary reactive changes in the anterior femoral neck. The treatment plan recommended right hip MR arthrogram and general surgery evaluation for possible symptomatic inguinal hernia. The 12/18/14 orthopedic report documented the injured worker was one month status post hernia repair, with dramatic improvement in pain radiating from the front to the back in the buttocks. Physical exam documented the hip was painful with flexion, anterior impingement sign, and Fabere testing. MRI was reviewed and demonstrated labral tearing, early degeneration, and an obvious cam and, to lesser extent, pincer lesion. The impression was multifactorial groin pain, with residual pain

likely due to intra-articular hip pathology. The 2/23/15 orthopedic report indicated that the patient had been advised that his hernia surgery was successful and residual pain was not due to his hernia. He continued to have positive impingement signs. MRI suggested degenerative labral tearing. The treatment plan recommended right hip arthroscopy with labral debridement vs. repair, and femoral neck treatment based on the significance of the possible cam lesion. The 3/13/15 utilization review non-certified the request for outpatient arthroscopy surgery right hip with labral debridement vs. repair, possible femoroplasty, right hip, as there was no clear clinical and radiographic evidence or failed conservative treatment to support the medical necessity of surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopic surgery right hip with labral debridement vs repair, possible femoroplasty, right hip, to be done as an outpatient at [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Impingement bone shaving surgery; Repair of labral tears.

Decision rationale: The California MTUS guidelines do not provide recommendations for hip surgery. The Official Disability Guidelines for repair of labral tears recommend early treatment including rest, anti-inflammatory medications, physical therapy, and cortisone injections. If these treatments fail to alleviate pain associated with the hip labral tear within the first month, a hip arthroscopy procedure may be considered. Guidelines state that hip impingement surgery is under study with little evidence that shaving bone helps. On the basis of early results, patients with greater than 2 mm of joint space might expect improvement over preoperative status in pain and function after hip arthroscopy for femoroacetabular impingement. Guideline criteria have not been met. This patient presents with right hip pain with motion. Impingement test was positive. Imaging was not available for review, but findings were reported suggestive of labral tearing. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. There is no evidence of physical therapy or corticosteroid injections for the right hip. Therefore, this request is not medically necessary.