

Case Number:	CM15-0065287		
Date Assigned:	04/21/2015	Date of Injury:	04/19/2014
Decision Date:	07/21/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/06/2015

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: New York
 Certification(s)/Specialty: Neurological 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 51 year old male, who sustained an industrial injury on 4/19/14. He reported initial complaints of cumulative trauma with left hip pain. The injured worker was diagnosed as having left ischial tuberosity bursitis; hamstring tendinosis at the level of the left ischial tuberosity. Treatment to date has included MRI left hip (6/14/14); left hip ischial bursa injection (1/27/15). Currently, the PR-2 notes dated 2/24/15 indicate the injured worker complains of continued posterior left hip pain/persistent buttock pain. The injured worker had an ischial injection on his last visit and now reports continued pain with no improvement. The MRI dated 6/4/14 "reveals a possible labral tear anteriolaterally. The report shows there is at least a partial thickness if not a full-thickness tear of the common hamstring origin. The impression: refractory chronic partial hamstring origin detachment with bursitis." The provider's treatment plan is requesting: Operative arthroscopy, ischial bursectomy; Hamstring repair; left hip; Assistant surgeon; Pre-op medical clearance; Post-op crutches; Post-op hinged knee brace; Post-op pair of TED support stockings, thigh high, no compression; Post-op physical therapy x 18; Post-op TENS unit; Post-op supplies for TENS unit; Post-op vascultherm unit x 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Operative arthroscopy, ischial 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg Chapter-Hamstring injury treatment.

Decision rationale: The ODG guidelines do not recommend surgery except for complete ruptures of the hamstring muscles. The documentation does not provide evidence this is the case for this patient. A gradual strengthening program is recommended. Documentation does not show evidence of this treatment program. The requested treatment: operative arthroscopy, ischial bursectomy is / are NOT Medically necessary and appropriate.

Hamstring repair, left hip: 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) Knee and leg chapter-Hamstring injury treatment.

Decision rationale: The ODG guidelines do not recommend surgery except for complete ruptures of the hamstring muscles. The documentation does not provide evidence this is the case for this patient. A gradual strengthening program is recommended. Documentation does not show evidence of this treatment program. The Requested Treatment: Hamstring repair, left hip is NOT Medically necessary and appropriate

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Since the Requested Treatment: Hamstring repair, left hip is NOT Medically necessary and appropriate, then the Requested Treatment: Assistant surgeon is NOT Medically necessary and appropriate.

Decision rationale: Since the Requested Treatment: Hamstring repair, left hip is NOT Medically necessary and appropriate, then the Requested Treatment: Assistant surgeon is NOT Medically necessary and appropriate.

Pre-op medical clearance: 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 Since the Requested Treatment: Hamstring repair, left hip is NOT Medically necessary and appropriate, then the Requested Treatment: Pre-op medical clearance is NOT Medically necessary and appropriate.

Decision rationale: Since the Requested Treatment: Hamstring repair, left hip is NOT Medically necessary and appropriate, then the Requested Treatment: Pre-op medical clearance is NOT Medically necessary and appropriate.

Post-op crutches: 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 Since the Requested Treatment: Hamstring repair, left hip is NOT Medically necessary and appropriate, then the Requested Treatment: Post-op crutches is NOT Medically necessary and appropriate.

Decision rationale: Since the Requested Treatment: Hamstring repair, left hip is NOT Medically necessary and appropriate, then the Requested Treatment: Post-op crutches is NOT Medically necessary and appropriate.

Post-op hinged knee brace: 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 Since the Requested Treatment: Hamstring repair, left hip is NOT Medically necessary and appropriate, then the Requested Treatment: Post-op hinged knee brace is NOT Medically necessary and appropriate.

Decision rationale: Since the Requested Treatment: Hamstring repair, left hip is NOT Medically necessary and appropriate, then the Requested Treatment: Post-op hinged knee brace is NOT Medically necessary and appropriate.

Post-op pair of TED support stockings, thigh high, no compression: 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 Since the Requested Treatment: Hamstring repair, left hip is NOT Medically necessary and appropriate, then the Requested Treatment: Post-op pair of TED support stockings, thigh high, no compression is NOT Medically necessary and appropriate.

Decision rationale: Since the Requested Treatment: Hamstring repair, left hip is NOT Medically necessary and appropriate, then the Requested Treatment: Post-op pair of TED support stockings, thigh high, no compression is NOT Medically necessary and appropriate.

Post-op physical therapy x 18: 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 Since the Requested Treatment: Hamstring repair, left hip is NOT Medically necessary and appropriate, then the Requested Treatment: Post-op physical therapy 18 is NOT Medically necessary and appropriate.

Decision rationale: Since the Requested Treatment: Hamstring repair, left hip is NOT Medically necessary and appropriate, then the Requested Treatment: Post-op physical therapy x 18 is NOT Medically necessary and appropriate.

Post-op TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the Requested Treatment: Hamstring repair, left hip is NOT Medically necessary and appropriate, then the Requested Treatment: Post-op TENS unit is NOT Medically necessary and appropriate.

Decision rationale: Since the Requested Treatment: Hamstring repair, left hip is NOT Medically necessary and appropriate, then the Requested Treatment: Post-op TENS unit is NOT Medically necessary and appropriate.

Post-op supplies for TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the Requested Treatment: Hamstring repair, left

hip is NOT Medically necessary and appropriate, then the Requested Treatment: Post-op supplies for TENS unit is NOT Medically necessary and appropriate.

Decision rationale: Since the Requested Treatment: Hamstring repair, left hip is NOT Medically necessary and appropriate, then the Requested Treatment: Post-op supplies for TENS unit is NOT Medically necessary and appropriate.

Post-op vascultherm unit x 2 weeks: 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 Since the Requested Treatment: Hamstring repair, left hip is NOT Medically necessary and appropriate, then the Requested Treatment: Post-op vascultherm unit 2 weeks is NOT Medically necessary and appropriate.

Decision rationale: Since the Requested Treatment: Hamstring repair, left hip is NOT Medically necessary and appropriate, then the Requested Treatment: Post-op vascultherm unit x 2 weeks is NOT Medically necessary and appropriate.