

Case Number:	CM15-0088405		
Date Assigned:	05/12/2015	Date of Injury:	10/03/2013
Decision Date:	06/16/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/08/2015

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 is a 60 year old female who sustained a work related injury October 3, 2013. She fell on a wet floor and landed on the lateral aspect of her right hip. She was treated with cortisone injections and acupuncture. According to an orthopedic consultation, dated March 11, 2015, the injured worker presented with moderate pain which is occasionally severe and a moderate limp. She can walk a couple of blocks before the pain becomes uncomfortable. An MRI revealed mild bursitis and tendinosis with no joint effusions. Diagnoses are chronic trochanteric bursitis/lateral and greater trochanter pain syndrome. At issue, the request for right hip arthroscopy and post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

One right hip arthroscopy with psoas lengthening: 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); Section: Hip, Topic: Arthroscopy.

Decision rationale: MRI of the right hip dated 5/5/2014 revealed no significant osteoarthritis. The cartilage and labrum were intact. A moderate amount of increased signal was noted within the distal fibers of the gluteus medius and gluteus minimus tendons as they insert on the greater trochanter, consistent with tendinosis. There was no significant hip joint effusion and no significant trochanteric or iliopsoas bursitis. The impression was tendinosis involving the insertional fibers of the gluteus medius and minimus tendons. ODG guidelines indicate arthroscopy of the hip is recommended when the mechanism of injury and physical examination findings strongly suggest the presence of a surgical lesion. It may also be employed in the treatment of joint disorders. It is of benefit in recent traumatic labral injury but disappointing in the management of chronic hip pain. The indications include symptomatic acetabular labral tears, hip capsular laxity and instability, chondral lesions, osteochondritis dissecans, ligamentum teres injuries, snapping hip syndrome, iliopsoas bursitis, loose bodies, osteonecrosis of the femoral head, bony impingement, gout and pseudogout, infection, and in rare cases it may be used to temporize the symptoms are mild to moderate hip osteoarthritis with associated mechanical symptoms. The documentation provided does not indicate any of these conditions. Furthermore, the available documentation does not indicate a comprehensive rehabilitation program with corticosteroid injections and physical therapy for the tendinosis. As such, the request for arthroscopy of the right hip is not supported by guidelines and the medical necessity of the request has not been substantiated.

Associated service: twelve sessions of postoperative outpatient physical therapy evaluation and treatment: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.