MAXIMUS Federal Services

Case Number:	CM13-0059444		
Date Assigned:	07/09/2014	Date of Injury:	08/06/2012
Decision Date:	08/07/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/02/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 34 year old male who was injured on 08/06/12. The clinical records provided for review note ongoing complaints of pain above the hip following the work related injury. The 08/27/13 progress report documented a diagnosis of joint pain. Documented at that examination was a prior MRI scan of September 2012, which showed a strain of the rectus femoris muscle. The report of the MRI of the hip from 12/18/12 showed no evidence of a structural lesion, any soft tissue masses, or soft tissue structural lesions including labral pathology and no underlying osseous abnormality. Physical examination findings were documented to show equal and symmetrical range of motion of the right hip compared to the left, an antalgic gait on the right, 5/5 motor strength and positive pain with forced flexion and internal rotation. The recommendation was made for trochanteric osteotomy, labral repair, and microfracture. The follow up report from 02/20/14 notes that the surgical process did not occur. Objective findings on examination on that date showed positive log rolling and impingement signs. It was documented at that time that the previous MR arthrogram revealed degeneration of the labrum and the claimant was diagnosed with post traumatic arthritis. Once again, surgery for labral repair was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical Dislocation of the Right Hip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on the Non-MTUS Official Disability Guidelines (ODG).

Decision rationale: The records document the claimant's current diagnosis is post traumatic osteoarthritis. According to the Official Disability Guidelines, the performance of hip arthroscopy in the management of chronic hip pain associated with degenerative change is disappointing. The diagnosis of osteoarthritis yields less than satisfactory outcome in the setting of hip arthroscopy. There is currently no specific documentation or indication for a microfracture, labral repair, or trochanteric osteotomy as the Official Disability Guidelines typically does not support arthroscopic procedures to the hip in the setting of osteoarthritic change. There is also a lack of documentation of recent conservative care utilizing this individual's course of care. As such, the request is not medically necessary and appropriate.

Completing Microfracture or other cartilage Repair Techniques.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on the Non-MTUS Official Disability Guidelines (ODG).

Decision rationale: According to the Official Disability Guidelines, the performance of hip arthroscopy in the management of chronic hip pain associated with degenerative change is disappointing. The diagnosis of osteoarthritis yields less than satisfactory outcome in the setting of hip arthroscopy. There is currently no specific documentation or indication for a microfracture, labral repair or trochanteric osteotomy as the Official Disability Guidelines typically do not support arthroscopic procedures to the hip in the setting of osteoarthritic change. There is also a lack of documentation of recent conservative care utilizing this individual's course of care. As such, the request is not medically necessary and appropriate.

Possible Labral Repair.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on the Non-MTUS Official Disability Guidelines (ODG).

Decision rationale: According to the Official Disability Guidelines, the performance of hip arthroscopy in the management of chronic hip pain associated with degenerative change is disappointing. The diagnosis of osteoarthritis yields less than satisfactory outcome in the setting of hip arthroscopy. There is currently no specific documentation or indication for a microfracture, labral repair or trochanteric osteotomy as the Official Disability Guidelines typically do not support arthroscopic procedures to the hip in the setting of osteoarthritic change. There is also a lack of documentation of recent conservative care utilizing this individual's course of care. As such, the request is not medically necessary and appropriate.

Trochanteric Osteotomy: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on the Non-MTUS Official Disability Guidelines (ODG).

Decision rationale: According to the Official Disability Guidelines, the performance of hip arthroscopy in the management of chronic hip pain associated with degenerative change is disappointing. The diagnosis of osteoarthritis yields less than satisfactory outcome in the setting of hip arthroscopy. There is currently no specific documentation or indication for a microfracture, labral repair or trochanteric osteotomy as the Official Disability Guidelines typically do not support arthroscopic procedures to the hip in the setting of osteoarthritic change. There is also a lack of documentation of recent conservative care utilizing this individual's course of care. As such, the request is not medically necessary and appropriate.