

<b>Case Number:</b>	CM14-0112377		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	01/23/2013
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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:

A 41 year old claimant with industrial injury reported of 1/23/13. Exam note from 7/3/14 demonstrates complaint of left hip pain. Report of locking temporarily is made with cramping in the left hip region. Current medications include Ibuprofen and Norco. Positive tenderness is noted at the proximal tensor fascia lata, greater trochanter, groin, inguinal areas. There is a positive Piriformis test and Patrick's test is noted to be positive. MR arthrogram of the left hip from 1/2/14 demonstrates a left hip labral tear. Request is made for left hip arthroscopic labral repair versus resection with possible synovectomy and chondroplasty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Synovectomy and Chondroplasty, Left Hip Arthroscopic Labral Repair Versus Resection:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment Index, Hip & Pelvis Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, repair of labral tears

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of hip labral tear surgery. Per the ODG, Hip and Pelvis, Repair of labral tears criteria, early treatment of labral tears includes rest, anti-inflammatories, physical therapy and cortisone injections. There is insufficient evidence in the exam notes from 7/3/14 of conservative care being performed. Therefore the determination is for not medically necessary.