

<b>Case Number:</b>	CM14-0185000		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	05/15/1995
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 Surgeon and is licensed to practice in New York. 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 patient is a 40-year-old female with a date of injury March 15, 1995. The patient had arthroscopic right hip surgery in July 2014. The patient continues to have right hip pain. MRI of the hip shows femoral acetabula impingement. Patient had unremarkable MR arthrogram of the right hip without evidence of labral tear and normal femoral head on June 24, 2014. On physical examination there is decreased range of motion in the impingement test is positive. X-ray report reveals mild flattening of the femoral neck consistent with impingement. Patient has been doing some stretches and some therapy. Her groin pain has improved with therapy. At issue is whether hip surgeries are medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right hip arthroscopy w/ labral repair and femoral neck and acetabulum osteoplasty:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Hip & Pelvis (Acute & Chronic)

**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 (acute and chronic)

**Decision rationale:** The medical records do not indicate that this patient has maximized physical therapy for the treatment of hip pain. In addition is unclear that the diagnosis of femoral acetabula impingement has been clearly established. Recent MRI does not clearly support the diagnosis. More importantly, the medical records do not document an adequate trial and failure physical therapy. In fact the medical records show that the patient has demonstrated some improvement with physical therapy. ODG guidelines do not support the need for additional surgery at this time.

**(Associated services) 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 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.

**( Associated services) Pre-op medical clearance: 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.

**(Associated services) Post-op Physical Therapy 12 sessions: 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.

**(Associated services) Hip Brace: 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.

**(Associated services) Ice machine: 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.

**(associated services) Norco10mg # 60: 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 Other Medical Treatment Guideline or Medical Evidence: MTUS chronic pain treatment guidelines

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**(Associated Services) Ambiem 5mg # 30: 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 Other Medical Treatment Guideline or Medical Evidence: MTUS chronic pain treatment guidelines

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**(Associated services) Duexis 800mg # 90: 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 Other Medical Treatment Guideline or Medical Evidence: MTUS chronic pain treatment guideline

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.