

<b>Case Number:</b>	CM14-0083123		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	08/02/2004
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 Texas. 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 injured worker is a 52-year-old female, who reported an injury on 08/02/2004 after a motor vehicle accident. The injured worker reportedly sustained an injury to her right hip. It was noted that the injured worker reportedly sustained 2 additional injuries to the right hip during work related incidences. The injured worker's treatment history included physical therapy and medications. The injured worker was evaluated on 05/15/2014. It was documented that the injured worker was able to walk up to 6 blocks without significant difficulty. Physical findings included restricted range of motion of the right hip, described as 110 degrees in flexion. The injured worker had a positive impingement sign and Faber sign to the right hip, causing trochanteric pain and groin pain. The injured worker's medications included Advil and Lidoderm patches. The injured worker's diagnoses included a labral tear and gluteus tendinosis or tendinitis and bursitis. Surgical history was recommended. A Request for Authorization for right hip arthroscopy with labral refixation, abrasion chondroplasty, and synovectomy was submitted on 05/27/2014. The injured worker had undergone an MRI of the right hip and pelvis on 09/02/2011. It was documented that the injured worker had right gluteus medius insertional mild tendinopathy and bursal surface sprain, mild right greater trochanteric bursitis, a right foraminal acetabular labral tear. The injured worker underwent an additional MRI on 11/14/2013. It was documented that the injured worker had mild tendinosis of the gluteus maximus tendon with minimal subgluteus minimis bursitis, mild tendinosis of the right hamstrings tendon, and the previously viewed labral tear in the posterior superior aspect of the labrum was not visualized.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right hip arthroscopy with labral re-fixation, abrasion chondroplasty, synovectomy:**

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 and 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 Chapter, Repair of labral tears.

**Decision rationale:** The requested right hip arthroscopy and labral re-fixation, abrasion chondroplasty, and synovectomy is not medically necessary or appropriate. Official Disability Guidelines recommend "surgical intervention for labral repairs for patients who have clinical examination findings consistent with pathology identified on an MRI." The injured worker's most recent MRI did not visualize a labral tear. Although the clinical documentation does provide evidence that the patient has physical exam findings consistent with a labral tear, to include a positive impingement sign and buttock and groin pain, there are no clear imaging findings on the most recent MRI provided. In the absence of this information, surgical intervention would not be supported in this clinical situation. As such, the requested right hip arthroscopy with labral re-fixation, abrasion chondroplasty, and synovectomy is not medically necessary or appropriate.