

Case Number:	CM14-0216073		
Date Assigned:	01/06/2015	Date of Injury:	03/14/2013
Decision Date:	03/10/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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: California
 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:

This 56 year old male sustained a work related injury on 03/14/2013. He also has a date of injury of 12/26/2012 which will not be addressed in this review. According to a progress report dated 11/10/2014, the injured worker was walking down stairs when he slipped on a step and fell on his right shoulder, both wrists, right thumb and left hip. He has been having on going right shoulder pain, bilateral wrist pain, right thumb pain and left hip pain. According to a progress report dated 01/06/2014, subjective findings included left hip pain, SI and GT injection on 08/23/2013, hip joint injection on 10/24/2013, hip better for a month or two after the injection, globally feels worse after recent bout of pneumonia and left groin pain now back. Objective findings of the left hip included negative Trendelenburg gait, groin pain with range of motion, strength in flexion 5/5, abduction 5/5, groin pain with hip compression, no hip tenderness to palpation over greater trochanter, no SI joint tenderness to palpation, no tenderness to palpation over ASIS, negative FABER, left hip range of motion with flexion 90 degrees, extension 0 degrees, abduction 30 degrees, adduction 20, external rotation 30 degrees and internal rotation 0 degrees, positive flexion adduction and internal rotation and positive Drehmann's sign. According to the provider a MRI revealed impingement, mild osteoarthritis, no labral tear and bony hypertrophy acetabulum and femoral head/neck. The provider's noted assessment included Femoral Acetabular Impingement, no labral tear, greater trochanteric bursitis and SI joint pain better after those areas injected, groin pain recurring and did better for a while which point to the hip joint as the source of pain. According to the provider the injured worker may need hip arthroscopy if symptoms persisted following physical therapy. Physical therapy notes were

submitted for review and included 12 sessions between the date of 02/25/2014 - 04/03/2014. According to the provider's notes dated 11/10/2014 the injured worker was indicated for left hip arthroscopy to treat his refractory Femoral Acetabular Impingement that has failed physical therapy and medications. He also noted that joint injections last year provided temporary relief which was a good diagnostic test. His noted assessment included left hip Femoral Acetabular Impingement, no labral tear and pincer and cam lesion on plain films and dunn view. On 12/05/2014, Utilization Review non-certified outpatient surgery: left hip arthroscopy with femoral and/or acetabular osteoplasty and 1 surgical assistant. The request was received on 12/02/2014. According to the Utilization Review physician the Official Disability Guidelines recommend hip arthroscopy when examination findings strongly suggest a surgical lesion. Arthroscopy has lower chances of complications compared to open surgery. Indications for hip arthroscopy include bony impingement. Impingement bone shaving surgery remains under study as there is little evidence to suggest that it is beneficial. The request does not appear to be warranted. The consulted guidelines state that there is little evidence for the effectiveness of osteoplasty in the treatment of hip impingement. In regards to 1 surgical assistant, the affiliated surgery was deemed non-certified. The request for 1 surgical assistant was recommended non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Outpatient surgery; Left hip Arthroscopy femoral and/or acetabular 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, Hip and Pelvis, Arthroscopy

Decision rationale: CA MTUS/ACOEM is silent on the issue of hip arthroscopy. per the ODG Hip and Pelvis, Arthroscopy, recommended when the mechanism of injury and physical examination findings strongly suggest the presence of a surgical lesion. Surgical lesions include symptomatic labral tears which is not present on the MRI . Early treatment of labral tears per the ODG includes rest, anti-inflammatories, physical therapy and cortisone injections. As there is insufficient evidence in the exam notes from 1/6/14 of a surgical lesion present on MRI, therefore the determination is for non-certification.

1 surgical Assistant: 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.