

Case Number:	CM14-0217198		
Date Assigned:	01/05/2015	Date of Injury:	09/07/2010
Decision Date:	03/03/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/29/2014

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, Sports Medicine

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 injured worker is a 41-year-old male with a date of injury of 09/07/2010. The mechanism of injury was not provided. His diagnoses included torn labrum of the left hip. Past treatments included ice, heat, stretching, exercise, physical therapy, multiple cortisone injections, and medications. Diagnostic studies included an x-ray of the bilateral hip which was noted to reveal femoral acetabular impingement with increased alpha angle, decreased head and neck offset as well as flattening of the femoral neck; joint spaces are well maintained; an MR arthrogram in 2010 revealed a tear of the anterior superior labrum with increased alpha angle. There is no evidence of full thickness, chondral injury. The injured worker presented on 11/17/2014 with complaints of pain to the hips, pain to the left hip that he described as 5/10 and described as sharp and achy with clicking and snapping pain, it is constant and the injured worker stated it gets worse by wearing his police belt, any prolonged sitting or standing, or exercising. Physical examination on 09/29/2014 revealed range of motion to the left hip is flexion to 135 degrees with pain, extension 30 degrees, abduction 45 degrees, adduction 25 degrees, internal rotation 10 degrees with pain, external rotation 60 degrees. Strength is 5/5 and sensation is intact bilaterally. Deep tendon reflexes are 2+. The anterior labral test is positive. His current medications are Advil and Tylenol. The treatment plan is for a hip arthroplasty. The request was for Left Hip Arthroscopy with [REDACTED] and the rationale is the injury requires repair in order to restore the stability and function of the hip as well as to provide the injured worker with the ability to participate in activities without pain. The Request for Authorization Form dated 11/20/2014 was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Hip Arthroscopy with [REDACTED]: Overturned

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

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

Decision rationale: The request for Left Hip Arthroscopy is medically necessary. The injured worker presented with chronic left hip pain ongoing for 4 years. The California MTUS/ACOEM Guidelines do not address hip arthroscopy. The Official Disability Guidelines recommend arthroscopy when the mechanism of injury and physical examination findings strongly suggest a presence of a surgical lesion. Indications for the arthroscopy include symptomatic acetabular labral tears, head capsule laxity and instability, chondral lesions, osteochondritis, ligament tears injuries, snapping hip syndrome, iliopsoas bursitis and loose bodies. According to x-rays performed on 09/29/2014, revealed a bilateral hip cam type femoral acetabular impingement with increased alpha angle. The MR arthrogram from 2012 revealed a tear of the anterior superior labrum. In the presence of positive findings on the x-ray and the MRI of symptomatic acetabular labral tears, the request is medically necessary.