

<b>Case Number:</b>	CM15-0005483		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	10/20/2000
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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 44 year old male sustained an industrial injury on 10/20/00, with subsequent ongoing cervical, lumbar and thoracic spine and right hip pain. Magnetic resonance imaging of the right hip (1/16/13) showed a torn anterior-superior labrum with femoral acetabular impingement. In an orthopedic evaluation dated 10/14/14, the injured worker reported a 14 year history of hip pain. The injured worker reported not working currently due to hip pain. Physical exam was remarkable for positive leg roll exam and impingement test of the right hip with tenderness to palpation over the anterior femoral acetabular joint line. The treatment plan included right hip arthroscopic repair versus debridement of a labral tear and femoroplasty of a cam lesion on the femoral head and neck. In a PR-2 dated 9/24/14, the injured worker complained of ongoing pain to the spine, hip and left shoulder as well as constipation, dyspepsia and bright red blood in the stool secondary to ongoing pain medication use. The injured worker reported not taking any oral medications for pain because he did not want to aggravate any symptoms since he was not sure what was going on with his stomach. A gastroenterologist had recommended endoscopy. On 1/7/15, Utilization Review noncertified a request for One right hip arthroscopic repair vs. debridement of a labral tear and femoral plasty of ACAM lesion on the femoral head and neck, Referral to a general surgeon and TENS unit trial for 30 days citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One right hip arthroscopic repair vs. debridement of a labral tear and femoral plasty of ACAM lesion on the femoral head and neck: 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): Repair of labral tears; arthroscopy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hip and Pelvis, Repair of labral tears

**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 present on the MRI from 1/16/13. Early treatment of labral tears per the ODG includes rest, anti-inflammatories, physical therapy and cortisone injections. There is insufficient evidence in the exam notes from 10/14/14 of conservative care being performed. Therefore the determination is for non-certification.

**Referral to a general surgeon: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Office visits

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 127.

**Decision rationale:** Per the CA MTUS ACOEM 2004, Chapter 3, page 127 states the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. In this case the exam note of 10/14/14 does not demonstrate any objective evidence or failure of conservative care to warrant a general surgeon referral. Therefore the determination is for non-certification.

**TENS unit trial for 30 days: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-114.

**Decision rationale:** According to the California MTUS Chronic Pain Medical Treatment Guideline regarding TENS, pages 113-114, chronic pain (transcutaneous electrical nerve

stimulation), Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for neuropathic pain and CRPS II and for CRPS I (with basically no literature to support use). Criteria for the use of TENS: Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration. There is evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. In this case there is insufficient evidence of chronic neuropathic pain from the exam note of 10/14/14 to warrant a TENS unit. Therefore the determination is for non-certification.