

Case Number:	CM15-0017321		
Date Assigned:	02/05/2015	Date of Injury:	05/05/2010
Decision Date:	04/14/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/29/2015

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: New York
 Certification(s)/Specialty: Neurological 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:

The injured worker is a 37-year-old female who sustained an industrial injury on 05/05/2010. Diagnoses include post laminectomy syndrome of the lumbar regions, osteoarthritis and right hip labral tear. Treatment to date has included medications, physical therapy, surgical procedures, and injections. A physician progress note dated 12/23/2014 documents the injured worker complains of low back and right hip pain. The injured worker has painful range of motion in her right hip and lumbar spine. There is pain to palpation over the lumbar intervertebral disc space at L5-S1. He is waiting for authorization for hip arthroscopy. A physician progress note dated 12/19/2014 documents the injured worker has right gluteal pain, and pain in the right trochanteric bursa. He has decreased painful range of motion of the right hip, and mild tenderness to palpation of the lumbosacral spine with decreased range of motion. Treatment requested is for Pre-operative Clearance, Pre-operative Laboratory Work, Right Hip Arthroscopy with Labral and Chrondral work as needed and possible Acetabuloplasty, Femoroplasty and Iliopsoas Tendon Release, and 12 Post-operative Physical Therapy visits. On 01/08/2015 Utilization Review non-certified the request for Pre-operative Clearance, and cited was Official Disability Guidelines-Low Back Chapter for Preoperative testing. On 01/08/2015 Utilization Review non-certified the request for Pre-operative Laboratory Work, and cited was Official Disability Guidelines-Low Back Chapter for Preoperative testing. On 01/08/2015 Utilization Review non-certified, the request for Right Hip Arthroscopy with Labral and Chrondral work as needed and possible Acetabuloplasty, Femoroplasty and Iliopsoas Tendon Release, and cited was Official Disability Guidelines-Hip and Pelvis for Arthroplasty Criteria. On 01/08/2015

Utilization Review non-certified, the request for 12 Post-operative Physical Therapy visits, and cited was California Medical Treatment Utilization Schedule (MTUS)-Post-Surgical Rehabilitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right Hip Arthroscopy with Labral and Chondral work as needed and possible Acetabuloplasty, Femoroplasty and Iliopsoas Tendon Release: 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 for Arthroplasty.

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-Arthroplasty.

Decision rationale: The ODG guidelines recommend hip arthroplasty if exercise and conservative care is exhausted. Documentation does not show the details or extent of home exercise program. Documentation does not contain details of medication program or the response to medications. Moreover, the criteria advise arthroplasty for patients over 50 and this patient is 37. Thus the requested treatment: right hip arthroscopy with labral chondral work as needed and possible acetabuloplasty, femoroplasty and iliopsoas release is not medically necessary and appropriate.

1 Pre-operative Laboratory Work: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Workers' Compensation, Treatment Index, 11th Edition (web), 2014.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: right hip arthroscopy with labral chondral work as needed and possible acetabuloplasty, femoroplasty and iliopsoas release is not medically necessary and appropriate, then the requested treatment Pre-operative laboratory work is not medically necessary and appropriate.

Decision rationale: Since the requested treatment: right hip arthroscopy with labral chondral work as needed and possible acetabuloplasty, femoroplasty and iliopsoas release is not medically necessary and appropriate, then the requested treatment Pre-operative laboratory work is not medically necessary and appropriate.

1 Pre-operative Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Workers' Compensation, Treatment Index, 11th Edition (web), 2014.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: right hip arthroscopy with labral chondral work as needed and possible acetabuloplasty, femoroplasty and iliopsoas release is not medically necessary and appropriate, then the requested treatment Pre-operative clearance is not medically necessary and appropriate.

Decision rationale: Since the requested treatment: right hip arthroscopy with labral chondral work as needed and possible acetabuloplasty, femoroplasty and iliopsoas release is not medically necessary and appropriate, then the requested treatment Pre-operative clearance is not medically necessary and appropriate.

12 Post-operative Physical Therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: right hip arthroscopy with labral chondral work as needed and possible acetabuloplasty, femoroplasty and iliopsoas release is not medically necessary and appropriate, then the requested treatment Post-operative physical therapy visits is not medically necessary and appropriate.

Decision rationale: Since the requested treatment: right hip arthroscopy with labral chondral work as needed and possible acetabuloplasty, femoroplasty and iliopsoas release is not medically necessary and appropriate, then the requested treatment Post-operative physical therapy visits is not medically necessary and appropriate.