

Case Number:	CM15-0119582		
Date Assigned:	06/29/2015	Date of Injury:	09/07/2011
Decision Date:	10/13/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/19/2015

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, Oregon, Washington
 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:

The injured worker is a 34 year old female, who sustained an industrial injury on 9-07-2011, due to a slip and fall. The injured worker was diagnosed as having right hip sprain-strain, snapping hip syndrome, right trochanteric bursitis, and iliotibial syndrome. Treatment to date has included diagnostics, physical therapy, cortisone injection, and medications. A second opinion orthopedic consultation (4-12-2013) noted right hip pain, with constant clicking and popping. Magnetic resonance imaging was documented as showing "a normal right hip" and a "very old cyst". The impression documented was that the iliotibial band snapping over the greater trochanter caused the snapping of the hip. It was documented that "the patient clearly needs surgery" due to failure to improve with "nonoperative interventions". Currently (5-15-2015), the injured worker complains of pain at the posterior and lateral aspects of her right hip, rated 8 out of 10 (constant sharp and burning pain), and hip popping when she walks from the first step on. She also reported lumbar pain with radiation down the right lower extremity to her toes, with a cramping and numbness sensation. Lumbar pain was rated 8 out of 10 and also associated with weakness of the right lower extremity. Magnetic resonance imaging of the right hip on 9-27-2011 and 10-06-2012 were documented as "normal". Magnetic resonance imaging of the lumbar spine (3-12-2015) was documented as showing a 3mm or less annulus bulging between L2 and S1. Electromyogram and nerve conduction studies of the lower extremities (10-20-2012) were documented as "normal". Medications included Tylenol and Naproxen. Exam of the right hip noted tenderness to the right greater trochanter and right groin, snapping easily during examination and when she walked, and pain and snapping with flexion. Straight leg raise test

was positive at 45 degrees on the right, along with positive Patrick on right. EHL (extensor hallucis longus) strength was 1 of 5 on the right and decreased sensation was noted at the right L4-5 and L5-S1. A recommendation was noted for consideration of resolution of right hip problem prior to spinal injection. The request for Authorization (5-15-2015) was for an unspecified right hip surgery, non-certified by Utilization Review on 5-28-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right hip surgery: 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), 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 arthroscopy.

Decision rationale: According to ODG regarding hip arthroscopy: Recommended when the mechanism of injury and physical examination findings strongly suggest the presence of a surgical lesion. In those cases, it is appropriate to proceed directly with the interventional arthroscopy. In this case, there is no abnormality on imaging studies to include hip MRI from 9/21/11 and 10/6/12. ODG continues to state "Hip arthroscopy is used both as a diagnostic and therapeutic tool; it has been shown to be of benefit in recent traumatic labral injury, but disappointing in the management of chronic hip pain (which may be associated with degenerative change, and chondral lesions of the acetabulum). (Brukner, 2006) (Parker, 2002) (Byrd, 2006) (Farjo, 1999) (Fitzgerald, 1995) (Hase 1999) (Lage, 1996) (O'leary, 2001) (Potter, 2005) (Santori, 2000) (Kelly, 2005) (Philippon, 2006) (McCarthy, 2001) The finding that an asymptomatic volunteer has a greater than 50% chance of having a labral tear emphasizes the danger of making clinical decisions to operate on the sole basis of a diagnostic test without clinical information." As this patient has no physical examination findings and imaging findings consistent with a surgical indication for hip surgery, the request is not medically necessary.