

Case Number:	CM15-0119674		
Date Assigned:	06/30/2015	Date of Injury:	06/19/2012
Decision Date:	09/15/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/22/2015

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: Montana, Oregon, Idaho
 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 30 year old female, who sustained an industrial injury on 6/19/12. She has reported initial complaints of a left hip injury. The diagnoses have included left hip labral tear. Treatment to date has included medications, activity modifications, ice, diagnostics and other modalities. The diagnostic testing that was performed included Left hip Magnetic Resonance Imaging (MRI) and x-rays of the bilateral hips. There are no diagnostic reports noted in the records. Currently, as per the physician progress note dated 4/27/15, the injured worker complains of left hip pain that is dull and aching and rated 3/10 on pain scale and improved with use of ice and Ibuprofen. The pain is made worse with activity. The physical exam reveals left hip range of motion is 0-110 degrees with flexion, 60 degrees with external rotation and 40 degrees with internal rotation. There is positive impingement sign of the left hip and positive groin pain. The physician noted that the injured worker was seen for a second opinion and the injured worker has a labral tear and will require surgical treatment with a hip arthroscopy with debridement or a labral repair if indicated. The physician requested treatments included Left hip arthroplasty with labral repair versus debridement, Assistant surgeon, Post-operative physical therapy x 12 for the left hip and Norco 7.5/325 mg #40.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left hip arthroplasty with labral repair versus debridement: 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, 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.

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 from 1/25/13. Furthermore, the radiology report from this exam is not included in the documentation available for review. 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 4/1/15 and 1/26/15 of conservative care being performed. There is no physical examination of the hip documented on 4/1/15 and the exam from 1/26/15 does not document any abnormalities or positive provocative tests of the left hip. Therefore the requested surgical procedure failed to meet the established treatment guidelines and is not medically necessary.

Assistant surgeon: 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.

Post-operative physical therapy x 12 for the left hip: 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.

Norco 7.5/325 mg #40: 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.