

Case Number:	CM15-0123356		
Date Assigned:	07/07/2015	Date of Injury:	05/26/2002
Decision Date:	08/24/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/25/2015

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 51-year-old female who sustained an industrial /work injury on 5/26/02. She reported an initial complaint of severe low back pain and right lower extremity pain. The injured worker was diagnosed as having degenerative disc disease of lumbar spine, post laminectomy syndrome, and anxiety disorder. Treatment to date includes medication, surgery (lumbar laminectomy, lumbar fusion, incision and drainage with staph infection procedure, second lumbar fusion), injections, and diagnostics. Currently, the injured worker complained of chronic pain of the low back and right lower extremity and left buttock numbness. Pain was described as achy, burning, sharp, and dull. Per the primary physician's report (PR-2) on 3/6/15, exam noted an antalgic gait, lumbar flexion of 90 degrees, extension less than 5 degrees of forward flexion, left/right lateral flexion is less than 5 degrees, left/right lateral rotation is at 45 degrees, 5/5 strength in upper/lower muscle groups, reduced sensation to light touch along the right thigh and lateral right leg, straight leg raise test positive on the right at 60 degrees. There is tenderness in the midline of the lower lumbar spine. Exam on 5/1/15 notes bilateral hip flexion contractures, awaiting contracture release. There is a low pelvic tilt indicating a hip flexion contracture. The requested treatments include one (1) bilateral hip iliopsoas, rectus femoris and anterior capsule releases, unknown pre-operative labs, one (1) office visit prior to surgery, and one (1) x-ray of the hip, pelvis and spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) bilateral hip iliopsoas, rectus femoris and anterior capsule releases: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Iliopsoas tendon release" Iliazalaturri, VM et al. Operative Hip Arthroscopy, 2013. pp. 279-290.

Decision rationale: The MTUS and ODG guidelines are silent on the subject of tendon and release capsular releases for hip flexion contractures. A recent review of the procedure cites the most common indication for the procedure to be for snapping hip syndrome and refractory iliopsoas tendinitis. The literature does not support the procedure for treatment of hip flexion contractures in adults. Most resources recommend exhaustive non-operative management of hip flexion contractures in adults. Operative treatment may be warranted in t pediatric patients with neurologic pathology. Specifically in this case the physician's notes on 3/6/15 and 5/1/15 do not document range of motion of the hips to indicate a hip flexion contracture. The worker has a documented history of prior surgical release with recurrence of symptoms. There is no documentation of failure of a directed physical therapy program to address the hip flexion contractures. Therefore, the request for bilateral hip psoas, rectus femoris and anterior capsular releases is not medically necessary.

Unknown pre-operative labs: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice Advisory for Preanesthesia Evaluation, An Updated Report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation.

Decision rationale: The American Society of Anesthesiologists published recommendations for pre-operative testing. As there are no specific, lab tests requested it is unclear if they are in fact indicated. However, as the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

One (1) office visit prior to surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Surgery General Information and Ground Rules of The California Official Medical Fee Schedule.

Decision rationale: MTUS is silent on the issue of office visits prior to surgery. The above cited reference indicates an office visit is indicated prior to surgery is acceptable prior to surgery when clinically indicated. As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

One (1) x-ray of the hip, pelvis and spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 section.

Decision rationale: MTUS is silent on the subject of hip and pelvis x-rays. The Official Disability Guidelines hip and pelvis section recommends plain radiographs (X-Rays) of the pelvis should routinely be obtained in patients sustaining a severe injury. (Mullis, 2006) X-Rays are also valuable for identifying patients with a high risk of the development of hip osteoarthritis. There is no evidence of new severe injury or hip osteoarthritis in the documentation provided. Hip x-rays are not medically necessary. As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.