

Case Number:	CM15-0142921		
Date Assigned:	08/07/2015	Date of Injury:	02/13/2012
Decision Date:	10/02/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/23/2015

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:

This 46 year old female sustained an industrial injury on 2-13-12. She subsequently reported back and left hip pain. Diagnoses include lumbar degenerative disc disease. Treatments to date include x-ray and MRI testing, injections, physical therapy and prescription pain medications. The injured worker was examined for a follow-up and review of radiographs. Upon examination, left hip range of motion was reduced. Mild tenderness over the bursa was noted. A request for Left hip arthroscopy, femoral neck osteoplasty, labral surgery, pre-op labs, pre-op EKG, associated surgical service: assistant surgeon, Post-op follow up consultation with orthopedic surgery specialist, post-op crutches, Associated surgical service: Physical therapy 2 x 6 for the left hip and Cortisone injection with ultrasound, left hip was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left hip arthroscopy, femoral neck osteoplasty, labral 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, Hip and Pelvis.

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. 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). Hip arthroscopy may be indicated for loose body removal when open treatment is not otherwise necessary. Surgical lesions include symptomatic labral tears which are present on the MRI from 2/2/15. Early treatment of labral tears per the ODG includes rest, anti-inflammatories, physical therapy and cortisone injections. Indications for arthroscopy: Symptomatic acetabular labral tears, Hip capsule laxity and instability, Chondral lesions, Osteochondritis dissecans, Ligamentum teres injuries, Snapping hip syndrome, Iliopsoas bursitis, Loose bodies (for example, synovial chondromatosis), Other possible indications, Management of osteonecrosis of the femoral head, Bony impingement, Synovial abnormalities, Crystalline hip arthropathy (gout and pseudogout), Infection and Posttraumatic intraarticular debris. In this case, there is insufficient evidence in the documentation being provided for a dedicated conservative course of treatment of her left hip directed being performed. In addition, the documentation primarily supports radicular complaints, weakness and numbness of the left lower extremity. The only objective findings supporting a labral tear are decreased internal rotation of the left hip documented on 7/6/15. Therefore the guidelines for surgical treatment of a labral tear have not been met and the request is not medically necessary.

Pre-op labs: 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.

Pre-op EKG: 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.

Associated surgical service: 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-op follow up consultation with orthopedic surgery specialist: 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-op crutches: 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.

Associated surgical service: Physical therapy 2 x 6 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.

Cortisone injection with ultrasound, left hip: 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.

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 is silent on the subject of intraarticular corticosteroid injections of the hip. According to ODG, hip and pelvis section, intraarticular corticosteroid injections of the hip are not recommended in early hip osteoarthritis (OA). Under study for moderately advanced or severe hip OA, but if used, should be in conjunction with fluoroscopic guidance. Recommended as an option for short-term pain relief in hip trochanteric bursitis. Intraarticular glucocorticoid injection with or without elimination of weight-bearing does not reduce the need for total hip arthroplasty in patients with rapidly destructive hip osteoarthritis. In this case the injured worker does not have severe hip arthritis based on imaging reports; therefore the request is not medically necessary.