

Case Number:	CM15-0169273		
Date Assigned:	09/15/2015	Date of Injury:	09/26/2013
Decision Date:	11/03/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/27/2015

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, Indiana, Oregon
 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 47-year-old male who sustained an industrial injury on 9-26-13. The injured worker reported left hip and right heel discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for left hip labral tear, plantar fasciitis, and spinal muscle spasms cervical, thoracic and lumbar spine. Medical records dated 7-22-15 indicate left hip pain rated at 3 out of 10 while sitting and 6 out of 10 while standing or walking and right foot pain rated at 1 out of 10 while sitting which increases to 5 out of 10 with activity. Provider documentation dated 7-22-15 noted the work status as temporary totally disabled. Treatment has included chiropractic treatments, left hip magnetic resonance imaging (4-18-14), hydrocodone, Flexeril, injection therapy, radiographic studies, right knee hinged support, physical therapy, status post right knee arthroscopic surgery (August 2011), a night splint and Naproxen since at least February of 2014. Objective findings dated 7-22-15 were notable for thoracic spine with "multiple trigger point of pain" and muscle tightness, left hip with decreased range of motion. The original utilization review (7-31-15) denied a Left hip arthroscopy with arthroscopic labral repair, Femoroplasty and chondral and synovial work as needed possible small acetabuloplasty under general anesthesia, Assistant surgeon, Preoperative history and physical, Preoperative electrocardiogram, Preoperative laboratory studies, Post-operative physical therapy 3x4, Associated Surgical Service: Cold therapy unit, 7 day rental, Associated Surgical Service: Sterile pad and wrap and Associated Surgical Service: Mobileggs crutches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left hip arthroscopy with arthroscopic labral repair, femoroplasty and chondral and synovial work as needed possible small acetabuloplasty under general anesthesia: 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 & 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 and Pelvis.

Decision rationale: The CA MTUS/ACOEM Guidelines are silent on the issue of hip arthroscopy. According to the Official Disability Guidelines, arthroscopy is 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. 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 of conservative care being performed including injection management. Therefore, the request is not medically necessary.

Preoperative history and physical: 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.

Preoperative 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.

Preoperative 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.

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, 12-sessions: 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: Cold therapy unit, 7-day rental: 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: Sterile pad and wrap: 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: Mobi 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.