

Case Number:	CM15-0171715		
Date Assigned:	09/14/2015	Date of Injury:	08/18/2008
Decision Date:	10/13/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/31/2015

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 53 year old male, who sustained an industrial-work injury on 8-18-08. He reported initial complaints of left hip pain. The injured worker was diagnosed as having enthesopathy of hip region, Morel Lavallee lesion, and tendinitis of left hip. Treatment to date has included medication, surgery (arthroscopic cam bump excision for hip dysplasia, left total hip replacement), and diagnostics. MRI results were reported on 4-6-15 demonstrated left hip arthroplasty with ferromagnetic artifact with no femoral component loosening, mild right hip degenerative arthritis, moderate pubic symphysisitis with osteophytes and sclerosis. Currently, the injured worker complains of chronic anterior hip pain in the area of the greater trochanter. Per the primary physician's progress report (PR-2) on 5-18-15 noted reduced flexion strength due to left groin pain. The greater trochanter area is somewhat swollen and tender with palpation. The Request for Authorization date was 8-13-15 and requested service included excision trochanteric bursa. The Utilization Review on 8-20-15 denied the request per CA MTUS (California Medical Treatment Utilization Schedule) ACOEM (American College of Occupational and Environmental Medicine) guidelines due to lack of documentation regarding other options for treatment. Proceeding to excision would not be considered medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Excision trochanteric bursa: 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, Trochanteric bursitis, injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Aspiration for Morel Lavallee lesion.

Decision rationale: Per ODG guidelines regarding Aspiration for Morel Lavallee lesion: Recommended. A Morel Lavallee lesion is a closed degloving injury associated with severe trauma which then presents as a haemolympathic mass that is successfully managed by aspiration. MRI and ultrasound are useful modalities for evaluation. Once these lesions become established and encapsulated then conservative management is rarely successful (e.g. compression bandages). Surgical drainage may be sufficient, although in some instances the capsule needs to be resected to prevent re-accumulation. After the patient's Morel-Lavallee lesion is evaluated with ultrasound and/or MRI, it is successfully managed by aspiration. The Morel-Lavallee lesion is most commonly described in the region of the hip joint after blunt trauma. It also occurs in the knee as a result of shearing trauma during football. Recurrent fluid collections can occur, necessitating repeat aspiration in approximately half the cases for successful treatment. (Tejwani, 2007) (Tresley, 2014) In this case there is no documentation that an aspiration or a repeat aspiration has been attempted per clinic note from 5/18/15. Thus this patient does not meet ODG criteria for this surgery and the recommendation is for non-certification and therefore is not medically necessary.