

Case Number:	CM15-0173377		
Date Assigned:	09/24/2015	Date of Injury:	09/15/2008
Decision Date:	12/09/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/02/2015

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 65-year-old female, who sustained an industrial injury on 9-15-08. Medical records indicate that the injured worker is undergoing treatment for right knee end-stage osteoarthritis, right hip osteoarthritis, lumbar five-sacral one degenerative disc disease and gastritis. The injured workers current work status was not identified. On (7-23-15) the injured worker complained of worsening right hip pain. Examination of the right hip revealed pain with flexion and internal rotation. Range of motion revealed 100 degrees of flexion, internal rotation 5 degrees and external rotation 40 degrees. Tenderness was noted over the sciatic notch bilaterally and over the paraspinal muscles bilaterally. The injured worker was neurovascularly intact distally. Treatment and evaluation to date has included medications, MRI of the right knee (2014), urine drug screen, x-rays of the hips (5-4-15), x-rays of the right hip (7-23-15), two left knee surgeries and right knee surgery. The x-rays of the hips (5-4-15) were noted to be normal. Right hip x-rays (7-23-15) revealed joint space narrowing of the right hip with flattening of the femoral neck consistent with cam-type femoral acetabular impingement. The injured worker was noted to have tried anti-inflammatory medications, rest and activity modification with no improvement in symptoms. A current medication list was not provided in the medical records. Current treatment requests include a right total hip arthroscopy, inpatient stay for 3 days, pre-operative clearance, surgical assistant, Lovenox injections 40mg #10, physical therapy for the right hip #12, deep vein thrombosis machine, home physical therapy for the right hip #4, Norco 10-325mg #60 and Ambien 10mg #30. The Utilization Review documentation dated 8-14-15 non-certified the requests for a right total hip arthroscopy, inpatient stay for 3 days, pre-operative clearance, surgical assistant, Lovenox injections 40mg # 10, physical therapy for the right hip#12, deep vein thrombosis machine, home physical therapy for the right hip #4, Norco 10-325mg #60 and Ambien 10mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right total hip arthroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 Chapter.

Decision rationale: CA MTUS/ACOEM is silent on the issue of hip arthroscopy. Per the ODG Hip and Pelvis, 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. CA MTUS/ACOEM is also silent on the issue of hip labral tear surgery. Per the ODG, Hip and Pelvis, Repair of labral tears criteria, early treatment of labral tears includes rest, anti-inflammatories, physical therapy and cortisone injections. There is a recommendation for labral surgery as isolated pathology, but poor results are seen with arthroscopic surgery once degenerative changes arise. In this case, there is significant osteoarthritis on the imaging studies. Therefore, the request is not medically necessary.

Associated surgical service: Surgical Assistant: 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 medical clearance: 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: Inpatient Stay for 3 days: 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: Home Physical Therapy for the right hip (4-visits): 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 for the right hip (12-visits): 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: DVT Machine: 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.

Lovenox injections 40mg #10: 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 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. In this case, there is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity due to medications. Therefore, the request is not medically necessary.

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: CA MTUS/ACOEM is silent on the issue of Ambien. According to the ODG, Pain Section, Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers may. There is also concern that they may increase pain and depression over the long-term. There is no evidence in the records of insomnia to warrant Ambien. Therefore, the request is not medically necessary.