

Case Number:	CM15-0177511		
Date Assigned:	09/18/2015	Date of Injury:	03/18/2015
Decision Date:	10/21/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/09/2015

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 male who sustained an industrial injury from a motor vehicle accident resulting in soft tissues injury to the cervical spine, back and hip pain. He currently is not working. Diagnoses included low back and hip pain; neck strain; forehead contusion; closed fracture of thoracic vertebrae; lumbar strain; lumbar radiculopathy; contusion of the chest wall; concussion with loss of consciousness; joint pain, shoulder, closed rib fracture. He currently (8-12-15) complains of constant low back pain from the thoracolumbar junction to the sacrum; mechanical pain in the right hip with a pain intensity was 6 out of 10 (per the 7-30-15 note); occasional numbness into his right buttock and lateral hip area. His pain level was 5 out of 10 and is frequently 7-8 out of 10 in the back. On physical exam his lower thoracic and entire lumbar spine was tender to moderate palpation; right hip locks with certain movements. Diagnostics included MRI's of the cervical, thoracic and lumbar spine from 3-19-15 and 6-2-15 were unremarkable (per 8-12-15 note); computed tomography of the thoracic and lumbar spine (3-18-15) unremarkable; x-ray of the lumbosacral spine (7-30-15) showing multilevel spondyloarthropathy; MRI arthrogram right hip (7-8-15) showing mild focal degenerative maceration of the anterior superior labrum, chondromalacia and bone marrow edema; MRI of the lumbar spine (6-2-15) showing mild facet arthrosis; MRI of the hips (6-2-15) negative study. Treatments to date included medications: hydrocodone, diazepam, ibuprofen; physical therapy evaluation (5-11-15) and one session of physical therapy (per 8-12-15 note) which caused a great deal of pain. Per the 8-12-15 noted "back pain, which thus far is unimproved with very little in the way of conservative treatment". The request for authorization was not present. On 8-

18-15 utilization review evaluated and non-certified the requests for right hip scope repair versus debridement femoroplasty based on no indication in the record that all non-operative treatments prior to proceeding with surgical intervention have been exhausted; physical therapy non-certified based on non-certification of the surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right hip scope labral repair versus debridement femoroplasty: 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, Repair of Labral Tear.

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, Arthroscopy.

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." Surgical lesions include symptomatic labral tears which is not present on the MRA from 7/8/15. 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 from 8/12/15 of conservative care being performed. There is no labral tear seen on the MRA from 7/8/15. Therefore the determination is for not medically necessary.

Associated surgical services: Physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

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, Arthroscopy.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.