

<b>Case Number:</b>	CM15-0060952		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	04/24/2013
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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: Illinois, California, Texas  
 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 injury on 4/24/13 relative to a motor vehicle accident. The 10/21/14 electrodiagnostic study impression documented no evidence of lumbar radiculopathy, plexopathy, or neuropathy. Diagnostics include nerve conduction study of the bilateral lower extremities (10/21/14) no evidence of lumbar radiculopathy, plexopathy or neuropathy. The 2/26/15 treating physician report cited worsening low back pain on the right with bending and to the right. He was walking crooked. He also complained of worsening right hip pain after the injection on 11/28/14. Pain was reported with squatting, going up stairs, and walking. He had undergone a right hip injection on 12/4/13 with good relief for about 9 months. Right hip exam documented inguinal pain with hip flexion and internal rotation. There was pain with lumbar extension, flexion, and side bending to the right. Right facet pain had flared following physical therapy on 5/28/14. Physical therapy, time and ice were very helpful with no more radicular symptoms. The 8/13/14 physical medicine and rehab consultant felt pain was due to facet, soft tissue and degenerative disc disease. She recommended an MRI of the right hip and weight loss. The injured worker underwent radiofrequency ablation of the lumbar facet joints on 11/18/14 with 70% improvement noted. The diagnosis was lumbar strain, lumbar disc degeneration, hip sprain/strain, and hip osteoarthritis. A follow-up regarding the right hip was noted for 3/5/15 with pending right hip MRI. The 3/20/15 utilization review non-certified the request for right hip arthroscopy. The rationale for non-certification was not provided.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Hip Arthroscopy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis: Repair of labral tears.

**Decision rationale:** The California MTUS do not provide recommendations for hip arthroscopy. The Official Disability Guidelines state that there are two general types of hip labral tears: degenerative tears as a result of repetitive use and activity, and traumatic injuries, commonly associated with sudden, twisting maneuvers that cause immediate pain in the hip. Labral tears present with anterior hip or groin pain, and less commonly buttock pain. Frequently there are also mechanical symptoms including clicking, locking, and giving way. The most consistent physical examination finding is a positive anterior hip impingement test. Early treatments of a hip labral tear should include rest, anti-inflammatory medications, physical therapy, and cortisone injection. If these treatments fail to alleviate the pain associated with a hip labral tear within the first month, a hip arthroscopy procedure may be considered. Guideline criteria have not been met. This injured worker presents with low back and right hip pain. Physical exam documented inguinal pain with right hip flexion and internal rotation. There is no documentation of mechanical symptoms or clinical exam findings of impingement. Conservative treatment has been provided for both the low back and hip with no detailed documentation of right hip response to physical therapy. There have been mixed responses reported with injection therapy. There is documentation suggesting that a recent hip MRI was performed but no evidence of findings. Therefore, this request is not medically necessary.