

Case Number:	CM15-0064911		
Date Assigned:	04/13/2015	Date of Injury:	10/11/2012
Decision Date:	06/03/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	04/06/2015

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

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 41-year-old male, who sustained an industrial injury on October 11, 2012. The mechanism of injury was heavy lifting. The injured worker was diagnosed as having hip and thigh sprain, pelvic and thigh joint derangement and right hip impingement. Treatment and diagnostic studies to date have included left hip surgery, bilateral hip physical therapy and medication. A progress note dated February 25, 2015 provides the injured worker complains of bilateral hip pain. The symptoms were moderate to severe. The symptoms occurred with activity. The injured worker was noted to have left pain with decreased mobility, crepitus, and joint pain. The injured worker had a left hip arthroscopy with labral repair on 02/21/2014. The injured worker was noted to have right hip pain, which was aggravated by activities of daily living. The injured worker had decreased mobility on the right side. The injured worker indicated he was working with pain management and doing physical therapy for the bilateral hips. The injured worker's pain was exacerbated with hip flexion and exertion. The injured worker had a corticosteroid injection, which provided relief for a few days; however, it had since worn off. The physical examination revealed a positive impingement test with no crepitus. There was smooth range of motion and the right hip range of motion was 120/20/50. The diagnoses included femoroacetabular impingement of the right hip. The treatment plan included an arthroscopy of the right hip. The injured worker underwent an MRI of the right hip with contrast on 01/07/2015, which revealed mild cartilage thinning of the hip joint superiorly but no full thickness cartilage loss. There was no labral tear identified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hip Arthroscopy and Right Labral Repair: 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, Arthroscopy.

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 Chapter, Arthroscopy, Repair of labral tears.

Decision rationale: The Official Disability Guidelines indicate that arthroscopy of the hip is recommended when the mechanism of injury and physical examination findings strongly suggest the presence of a surgical lesion. The indications for arthroscopy include symptomatic acetabular labral tears and bony impingement. They further indicate that the repair of labral tears is recommended after there are findings of a positive anterior hip impingement test with findings on MRI. Early treatment includes rest, anti-inflammatory medications, physical therapy, and cortisone injections. If these treatments fail to alleviate the pain, a hip arthroscopy may be considered. The MRI failed to indicate the injured worker had objective findings upon MRI to support a labral tear. As such, this request would not be supported. There was a lack of documentation indicating the injured worker had trialed anti-inflammatory medications. There was a lack of documentation of a failure of physical therapy. Given the above, the request for hip arthroscopy and right labral repair is not medically necessary.

Arthroscopy Osteoplasty of the Right Femur: 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.

Arthroscopy Osteoplasty of the Right Acetabulum: 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.

Physical Therapy (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.

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.