

<b>Case Number:</b>	CM15-0068826		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	08/02/2014
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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

### 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 24-year-old female, who sustained an industrial injury on 08/02/2014. She reported a left hip injury. The injured worker is currently diagnosed as having left inguinal pain and left inguinal strain. Treatment to date has included physical therapy, hip x-ray, left hip MRI, and medications. In a progress note dated 03/03/2015, the injured worker presented with complaints of left hip pain. The treating physician reported requesting authorization for left hip arthroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left hip arthroscopy, labral repair, debridement, chondroplasty, and possible loose body removal:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation Hip and Pelvis Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 MRI from. Early treatment of labral tears per the ODG includes rest, anti-inflammatory, and physical therapy and cortisone injections. There is insufficient evidence in the exam notes from 3/3/15 demonstrates all aspects of conservative care being performed. Therefore, this request is medically necessary.