MAXIMUS Federal Services

Case Number:	CM15-0070927		
Date Assigned:	04/20/2015	Date of Injury:	08/29/2010
Decision Date:	06/11/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/14/2015

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: Minnesota, Florida
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 62 year old female, who sustained an industrial injury on 8/29/2010. She reported injury from a fall. The injured worker was diagnosed as having enthesopathy if the hip, right trochanteric bursitis, cervical and lumbar strain, bilateral shoulder strain and post concussive syndrome. Documentation indicates a history of right shoulder surgery with continuing pain. There is no record of a recent diagnostic study. Treatment to date has included medication management and trochanteric bursa injections. In a progress note dated 3/16/2015, the injured worker complains of right hip, right shoulder and lumbar spine. The treating physician is requesting femoral osteoplasty, or ilio-tibial band windowing. No imaging studies have been provided supporting the need for surgery. There is no MRI scan of the hip documenting chronic bursitis. There is no MR arthrogram documenting impingement. A QME did not agree with the proposed surgery. Utilization review noncertified the surgical request for both procedures, including the iliotibial band windowing and femoral osteoplasty. This is now appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Femoral Osteoplasty Iliotibial Band Windowing: 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, Osteotomy, http://www.ncb.nlm.nih.gove/pubmed/23276340.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Hip and Pelvis, Topic: Impingement bone shaving surgery, Trochanteric bursitis.

Decision rationale: Femoral osteoplasty is utilized for femoral acetabular impingement of cam type. This represents an underlying bony abnormality of either the femoral head/neck junction or acetabulum or most commonly both. This is often associated with damage to intra-articular structures, primarily the labrum and chondral surfaces. Like pincer impingement cam impingement has been associated with pain, limited hip range of motion, pain affecting athletic performance, and has been linked to the development of osteoarthritis. Cam impingement is the loss of offset of the femoral head/neck junction associated with loss of sphericity of the femoral head. ODG guidelines indicate that impingement bone shaving surgery is under study. Hip impingement surgery is a popular operation in sports medicine, but there is no evidence that shaving bone helps. The Concept is that bone that has rough edges or an irregular shape in the hip is rubbing against soft tissue in the joint, causing tendons to fray or muscles to tear and the hope is that by shaving and smoothing the bone, surgeons can protect patients from further injury and also protect them from developing arthritis. In this case the documentation submitted indicates the diagnosis of chronic trochanteric bursitis. There is no evidence of femoral acetabular impingement. Multiple injections into the trochanteric bursa have been documented. However, there is no imaging study such as an MRI scan confirming the diagnosis. ODG guidelines recommend trochanteric bursitis injections. Trochanteric bursitis is the second leading cause of hip pain in adults and a steroid/anesthetic single injection can provide rapid and prolonged relief with a 2.7 fold increase in the number of patients who were pain-free at 5 years after a single injection. Steroid injection should be offered as a first line treatment of trochanteric bursitis, particularly in older adults. Trochanteric corticosteroid injection is a simple safe procedure that can be diagnostic as well as therapeutic. ODG guidelines do not recommend windowing of the iliotibial band for trochanteric bursitis. The guidelines also do not recommend impingement bone shaving surgery. In the absence of an MR Arthrogram documenting femoroacetabular impingement, the osteoplasty is likely being requested for shaving the greater trochanter. No imaging studies have been provided in support of the diagnosis. The request as stated for femoral osteoplasty and ilio-tibial band windowing is not supported by guidelines and as such, the medical necessity of this request has not been substantiated and is not medically necessary.