

Case Number:	CM15-0075114		
Date Assigned:	04/27/2015	Date of Injury:	07/05/1993
Decision Date:	05/22/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/20/2015

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 63 year old male, who sustained an industrial injury on 7/05/1993. He reported injury to the right side from a fall that included the right shoulder, low back, right hip, knee and ankle. The medical records indicated there was a head trauma, resulting a cerebral contusion and posttraumatic complex partial seizure disorder. Diagnoses include bilateral knee pain and right hip arthritis. He is status post right knee arthroscopy in 2004 and 2005; and total knee replacement in 2009 with revision in 2011 as well as right shoulder rotator cuff repair in 1995. Treatments to date include medication therapy, steroid injection to the hip, and psychotherapy. MRI right hip 7/29/14 demonstrates some cartilage thinning. Currently, he complained of right hip pain. On 12/16/14, the physical examination documented right hip flexion to 80 degrees and extend 0 (zero) degree with no pain. The plan of care included right hip arthroscopy with debridement pending approval.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right hip arthroscopy with debridement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis (Acute & Chronic).

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 7/29/14. Early treatment of labral tears per the ODG includes rest, anti-inflammatories, physical therapy and cortisone injections. There is insufficient evidence of a significant lesion on MRI to warrant hip arthroscopy. Therefore, the determination is for non-certification. The request is not medically necessary.