

Case Number:	CM15-0075414		
Date Assigned:	04/27/2015	Date of Injury:	02/28/2005
Decision Date:	05/27/2015	UR Denial Date:	04/08/2015
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: 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 35-year-old female, who sustained an industrial injury on 02/28/2005. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having cervical sprain/strain, lumbosacral radiculopathy; status post left hip surgery, status post right shoulder surgery, and left knee tendinitis/bursitis. Treatment to date has included physical therapy, above listed procedures, Lidocaine injection to the right upper back and left lower back, medication regimen, magnetic resonance imaging of the lumbar spine, and magnetic resonance imaging of the left hip. In a progress note dated 01/21/2015 the treating physician reports a fifty percent reduction in pain from prior left hip surgery, but still has complaints of discomfort and also notes that she has intermittent hip locking. The treating physician also reported positive pain to the hip with flexion and internal rotation and moderate tenderness at the trochanteric bursa region. The treating physician requested left hip arthroscopy revision femoroplasty, acetabuloplasty, and labral repair, but the documentation provided did not indicate the specific reason for the requested procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left hip arthroscopy revision femoroplasty, acetabuloplasty and labral repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis Chapter, Arthroscopy.

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, Arthroscopy.

Decision rationale: ODG guidelines indicate that impingement bone shaving surgery is under study. Hip impingement surgery is a popular operation in sports medicine but there is little evidence that shaving bone helps. The concept is that bone that has rough edges or an irregular shape in the hip is rubbing against the 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. One study concluded that prophylactic surgical treatment of femoral acetabular impingement is not warranted. Hip arthroscopy has been shown to be of benefit in recent traumatic labral injury but disappointing in the management of chronic hip pain, which may be associated with degenerative change and chondral lesions of the acetabulum. Documentation indicates that the injured worker has evidence of degenerative change in the hip joint with chronic pain that was not relieved by the last surgical procedure. As such, a revision surgery is not likely to be of benefit. The finding that an asymptomatic volunteer has a greater than 50% chance of having a labral tear emphasizes the danger of making clinical decisions to operate on the sole basis of diagnostic test without clinical inflammation. As such, the request for left hip arthroscopy, revision femoroplasty, acetabuloplasty, and labral repair is not supported by guidelines and the medical necessity of the request has not been substantiated.