

Case Number:	CM15-0078814		
Date Assigned:	04/30/2015	Date of Injury:	09/07/2012
Decision Date:	07/07/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/24/2015

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: Illinois, California, Texas
 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 29-year-old male who sustained an industrial injury on 9/07/12. Injury occurred relative to kicking a door open. He underwent a right hip arthroscopic labral repair versus debridement with chondroplasty and synovectomy on 6/11/14. He attended post-operative physical therapy until November 2014 but felt it was too aggressive and he was not making any progress. The 11/20/14 right hip MRI impression documented left lateral labral tear without other left hip joint abnormalities, mild right hip osteoarthritis and small joint effusion with posterolateral acetabular subchondral bone marrow edema and a lateral labral tear suggestive of femoroacetabular impingement, and right obturator externus muscle strain. The 2/10/15 hip and pelvis x-rays show evidence of sclerosis in the acetabulum, alpha angle of 80 degrees, and well preserved joint space. A right hip revision surgery was recommended for possible re-tear of the labrum or possible labral anchor failure. Records indicated the requested revision surgery and post-operative physical therapy have been authorized. The 4/6/15 treating physician report cited intermittent low back pain radiating to the right anterior thigh. Pain was grade 6/10 without medications, and reduced to grade 3/10 with medications. He reported continued right hip pain grade 4/10 without medications and 2/10 with medications. Current medications included Ibuprofen. Physical exam documented normal gait with normal heel-toe swing-through gait and no evidence of a limp. There was no evidence of weakness in heel/toe walking. Lower extremity documented intact sensation, normal 5/5 strength, and negative straight leg raise. Right hip exam documented well-healed incision, some anterior hip tenderness, and negative and Fabere's and Thomas tests. Right hip range of motion was flexion

95, extension 0, abduction 35, adduction 20, external rotation 10, and internal rotation 10 degrees with pain in flexion and abduction. Imaging was documented to include 2/6/14 right hip MR arthrogram and 4/15/14 right hip x-rays. The diagnosis was right hip labral tear, moderate L5/S1 disc degenerative, and status post right hip surgery. The treatment plan recommended follow-up with the hip surgeon, continue with physical therapy, and continue with Ultram. Authorization was requested for right diagnostic revision hip arthroscopy, labral repair vs. debridement, chondroplasty, femoroplasty, microfracture and repair of damaged structures as indicated, platelet-rich plasma (PRP) injection to the right hip, crutches, cold therapy unit, and cold pad. The 4/16/15 utilization review non-certified the right diagnostic revision hip arthroscopy, labral repair vs. debridement, chondroplasty, femoroplasty, microfracture and repair of damaged structures as indicated, and associated surgical requests, as this procedure was previously certified on 2/24/15 and post-operative therapy was certified for 12-16 sessions on 4/7/15 with no evidence that conservative treatment had failed. The request for PRP injection to the right hip was non-certified as there was no guidelines support and the associated surgery was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right Diagnosis Revision Hip Arthroscopy: labral repair vs debridement, chondroplasty, femoroplasty, acetabuloplasty, microfracture and repair of damaged structures as indicated: 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 (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis: Arthroscopy.

Decision rationale: The California Medical Treatment Utilization Schedule does not provide recommendations for hip surgery. The Official Disability Guidelines for hip arthroscopy provide surgical indications include symptomatic acetabular labral tears, hip capsule laxity and instability, chondral lesions, osteochondritis dissecans, ligamentum teres injuries, snapping hip syndrome, iliopsoas bursitis, and loose bodies (for example, synovial chondromatosis). Other possible indications include management of osteonecrosis of the femoral head, bony impingement, synovial abnormalities, crystalline hip arthropathy (gout and pseudogout), infection, and posttraumatic intraarticular debris. In rare cases, hip arthroscopy can be used to temporize the symptoms of mild-to-moderate hip osteoarthritis with associated mechanical symptoms. This patient has persistent right hip pain following labral repair with imaging evidence of a labral re-tear. Clinical exam findings are consistent with imaging. Records document that authorization has been given for right hip revision surgery and post-op physical therapy. There is no compelling rationale to support the medical necessity of additional surgery at this time. Therefore, this request is not medically necessary.

1 PRP (platelet-rich plasma) Injection to Right Hip: 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 (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis: Platelet-rich plasma (PRP).

Decision rationale: The California MTUS guidelines do not provide recommendations for platelet-rich plasma injections for the hip. The ODG states that PRP injections are under study for hip osteoarthritis. There is no current rationale provided for this injection in addition to the surgical intervention which has been previously certified. Therefore, this request is not medically necessary at this time.

1 pair of Crutches: 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), Knee & Leg (Acute & Chronic), Walking aids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis: Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

1 Cold Therapy Unit: 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), Knee & Leg (Acute & Chronic), Continuous flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis: Cryotherapy; Knee and Leg: Continuous flow cryotherapy.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

1 Cold Pad: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (Acute & Chronic, Cold/heat packs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis: Cryotherapy; Knee and Leg: Cold/heat packs.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.