

Case Number:	CM15-0097860		
Date Assigned:	06/03/2015	Date of Injury:	04/02/2014
Decision Date:	08/24/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/20/2015

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 61 year old male patient who sustained an industrial injury on 04/02/2014. The accident is described as while working as a banquet manager he sustained an injury to the left hip, ankle and leg when he stepped into a hole. Of note, two days after the work injury the patient suffered a cerebral vascular accident and participated in therapy program. Physical therapy was order, but the patient has not initiated it yet. A primary treating office visit dated 02/08/2015 reported the patient with subjective complaint of having great benefit after receiving Corticosteroid injection to left hip on 01/23/2015. He reports the injection helped for about 3-4 days and the symptoms have somewhat returned. Objective findings showed the left hip with groin tenderness during passive range of motion. There is increased tenderness with flexion and internal rotation of the hip joint. He is diagnosed with left hip labral tear with arthritis. The plan of care involved: the patient undergoing further orthopedic evaluation. The orthopedic further evaluation took place on 04/29/2015 and reported chief complaint of left hip and ankle pain. The patient states having completed therapy sessions and doing much improved with really only significant pain at the end of a work day. The assessment noted the patient with left ankle sprain, and left hip femoral acetabular impingement with early chondral wear and likely labral tear. The plan of care is with recommendation to undergo arthroscopic surgery of let hip. Current medications are: Valsartan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left hip arthroscopy, acetabularplasty, femoroplasty, labral repair: 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.

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: 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. Early treatment of labral tears per the ODG includes rest, anti-inflammatories, and physical therapy and cortisone injections. There is insufficient evidence in the exam notes from 4/29/15 of the duration of conservative care including physical therapy. Therefore the determination is not medically necessary.

Surgical assistant: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Preoperative medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Preoperative labs: Chem 7 and CBC: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Preoperative EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Preoperative urinalysis: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Post operative physical therapy for the left hip, twice a week for six weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Post operative cold therapy unit, seven day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Post operative hip brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Post operative Mobi-Leg crutches: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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