

<b>Case Number:</b>	CM15-0097960		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	05/03/2013
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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, Indiana, Oregon  
 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 44 year old female, who sustained an industrial injury on 5/03/2013, while employed as a medic. She reported an assault with strain to her left hip and low back. The injured worker was diagnosed as having probable capsular tear of the left hip, suffered during fall, post scope, left hip psoas tendinitis secondary to post-operative capsular tear, left hip. Treatment to date has included left hip arthroscopic surgery in 1/2014, physical therapy, and Kenalog injection. Currently (4/17/2015), the injured worker complains of pain in her left hip joint and groin. An injection during the previous visit took about 2 weeks to help psoas pain. She was unable to walk for long periods of time and most of her pain was related to psoas. She reported that pain became severe when she fell several weeks after surgery and felt a "ripping" sensation, followed by swelling and pain. Physical exam of the left hip noted tenderness to palpation over the psoas, worse with restricted hip flexion. It was documented as better than last visit (pre injection) but not as good as 3-4 weeks ago. Her work status was documented as total temporary disability due to left knee. The Agreed Medical Examination report, dated 3/16/2015, noted work status regarding the left hip as permanent and stationary, documenting residual left hip pain with range of motion limitation. The treatment plan included left hip scope, psoas tendon release, and tenosynovectomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left hip scope, psoas tendon release, tenosynovectomy:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, 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.

**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." In those cases, it is recommended to proceed directly to surgery. Iliopsoas bursitis is a recommended indication for hip arthroscopy. In this case, the worker has had good relief of symptoms with subsequent return from a psoas injection. The request is in keeping with guidelines and is medically necessary.