
Notice of Independent Medical Review Determination

Dated: 11/1/2013

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/15/2013

9/10/2012

7/25/2013

CM13-0003447

- 1) MAXIMUS Federal Services, Inc. has determined the request for right hip arthroplasty, with labral debridement **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for arthroscopic labral repair **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for possible osteoplasty of the femoral neck **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for possible arthroscopic iliopsoas release **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for 12 post-op physical therapy sessions **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for pre-op CBC (blood test) **is not medically necessary and appropriate**
- 7) MAXIMUS Federal Services, Inc. has determined the request for pre-op chem. Panel **is not medically necessary and appropriate**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/25/2013 disputing the Utilization Review Denial dated 7/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/30/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for right hip arthroplasty, with labral debridement **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for arthroscopic labral repair **is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for possible osteoplasty of the femoral neck **is not medically necessary and appropriate.**
- 4) MAXIMUS Federal Services, Inc. has determined the request for possible arthroscopic iliopsoas release **is not medically necessary and appropriate.**
- 5) MAXIMUS Federal Services, Inc. has determined the request for 12 post-op physical therapy sessions **is not medically necessary and appropriate.**
- 6) MAXIMUS Federal Services, Inc. has determined the request for pre-op CBC (blood test) **is not medically necessary and appropriate.**
- 7) MAXIMUS Federal Services, Inc. has determined the request for pre-op chem. Panel **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 15, 2013:

“ [REDACTED] is a 48 year old male who sustained an injury while employed on 09/12/2012. Employer and mechanism of injury is not given. Accepted body parts are both hips. 06/03/2013 MRI Right Hip: 1. Labral fraying without detachment, minor cartilage wearing the posterior aspect of the joint and minor femoral head-neck asphericity. 2. Iliopsoas frictional edema, possible snapping hip.

3. Pubic symphyseal degeneration and osteitis pubis.

MEDICAL RECORDS SUMMARY: 06/17/13 [REDACTED] M.D.; PR2; SUBJECTIVE; persistent right hip pain. OBJECTIVE; MRI shows labral tearing and edema consistent with iliopsoas/snapping.

DIAGNOSIS; None provided.

RATIONALE:

Mr. [REDACTED] presents with persistent right hip pain. There appears to be per the records of Dr. [REDACTED] some iliopsoas snapping. MRI report of 06/03/2013 shows some slight abnormality but not consistent with the surgical treatment requested or the findings of Dr. [REDACTED].

Findings appear inconclusive. It is recommended that the radiologist reread the MRI and submit another report if these abnormal findings are present as stated by Dr: [REDACTED].

Another treatment with less morbidity would be injection treatment into the hip rather than arthroscopic surgery. Alternatively to make a more definitive diagnosis and MR Aerogram of the right hip would be appropriate.

Probably treatment with a NSAID has been given but there is no medical notes available stating that this mode of treatment has been given.”

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review dated 7/25/13
- Utilization Review Determination from [REDACTED]
- Employee medical records from [REDACTED]
- Medical Treatment Utilization Schedule

1) Regarding the request for right hip arthroplasty, with labral debridement:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) Current Version, Hip & Pelvis Section, Arthroplasty, which is not a part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the guidelines used by the Claims Administrator.

Rationale for the Decision:

The employee sustained a work related injury on 9/12/2012. Medical records provided for review indicate treatments have included an MRI. The request is for right hip arthroplasty, with labral debridement.

The California MTUS and ACOEM Guidelines do not specifically address the request. Official Disability Guidelines (ODG) state indications for hip arthroplasty include failure of conservative care to include medications or steroid injections plus subjective clinical findings of limited range of motion or night time joint pain or no pain relief with conservative care. There should also be objective clinical findings of the individual greater than 50 years of age and a body mass index of less than 35. There should also be imaging findings of osteoarthritis on standing

x-ray or previous arthroscopy. The objective findings do not support the requested procedure. **The request for right hip arthroplasty with labral debridement is not medically necessary and appropriate.**

2) Regarding the request for arthroscopic labral repair:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) Current Version, Hip & Pelvis Chapter, Arthroscopy section, which is not a part of the MTUS. The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the guidelines used by the Claims Administrator.

Rationale for the Decision:

The employee sustained a work related injury on 9/12/2012. Medical records provided for review indicate treatments have included an MRI. The request is for arthroscopic labral repair.

ODG guidelines recommend when the mechanism of injury and physical examination findings strongly suggests the presence of a surgical lesion it is appropriate to proceed directly with the interventional arthroscopy. The official MRI of the right hip conducted on 06/02/2013 does indicate right hip labral fraying without detachment and minor cartilage wear in the posterior aspect of the joint and minor femoral head-neck asphericity. The employee did continue to report persistent pain in the hip; however, it would not appear that the employee's current symptoms and findings would coincide with guideline recommendations. **The request for arthroscopic labral repair is not medically necessary, and appropriate.**

3) Regarding the request for possible osteoplasty of the femoral neck:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator did not cite any evidence-based criteria in its utilization review determination letter. The provider did not dispute the lack of guidelines used by the Claims Administrator. The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines, Hip and Pelvis Chapter, Online Version, Impingement Bone Shaving Surgery section, which is not a part of MTUS.

Rationale for the Decision:

The employee sustained a work related injury on 9/12/2012. Medical records provided for review indicate treatments have included an MRI. The request is for arthroscopic labral repair. The request is for possible osteoplasty of the femoral neck.

MTUS/ACOEM Guidelines do not specifically address the request. ODG 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 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. The MRI results of 6/3/2013 submitted for review does not support the requested procedure. **The request for possible osteoplasty of the femoral neck is not medically necessary and appropriate.**

4) Regarding the request for arthroscopic iliopsoas release:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) Current Version, Hip & Pelvis Section, Arthroplasty, which is not a part of MTUS. The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the guidelines used by the Claims Administrator.

Rationale for the Decision:

The employee sustained a work related injury on 9/12/2012. Medical records provided for review indicate treatments have included an MRI. The request is for arthroscopic labral repair. The request is for arthroscopic iliopsoas release.

ODG state arthroscopy is recommended when the mechanism of injury and physical examination findings strongly suggest the presence of a surgical lesion. Arthroscopy may also be employed in the treatment of joint disorders. It has also been shown to be of benefit in recent traumatic labral injury, but disappointing in the management of chronic hip pain. Iliopsoas bursitis is an indication for arthroscopy. In those cases, it is appropriate to proceed directly with the interventional arthroscopy. However, the medical records provided for this review does not coincide with guideline recommendations. **The request for arthroscopic iliopsoas release is not medically necessary and appropriate**

5) Regarding the request for 12 post-op physical therapy sessions:

The requests for right hip arthroplasty, with labral debridement, arthroscopic labral repair, possible osteoplasty of the femoral neck and possible arthroscopic iliopsoas has been deemed not medically necessary and appropriate, therefore, the request for 12 post-op physical therapy sessions is not medically necessary.

6) Regarding the request for pre-op CBC (blood test):

The requests for right hip arthroplasty, with labral debridement, arthroscopic labral repair, possible osteoplasty of the femoral neck and possible arthroscopic iliopsoas has been deemed not medically necessary and appropriate, therefore, **the request for a pre-op CBC is not medically necessary and appropriate.**

7) Regarding the request for pre-op chem. panel:

The requests for right hip arthroplasty, with labral debridement, arthroscopic labral repair, possible osteoplasty of the femoral neck and possible arthroscopic iliopsoas has been deemed not medically necessary and appropriate, therefore, **the request for a pre-op chem. panel is not medically necessary and appropriate**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.