

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/20/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/9/2013
Date of Injury:	7/20/2012
IMR Application Received:	7/30/2013
MAXIMUS Case Number:	CM13-0004631

- 1) MAXIMUS Federal Services, Inc. has determined the request for **right hip arthroscopy, labral debridement versus repair, osteoplasty possible chondroplasty/microfracture outpatient** is not medically necessary and appropriate.
- 2) MAXIMUS Federal Services, Inc. has determined the request for **post-op physical therapy two times a week for four weeks for the right hip** is not medically necessary and appropriate.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/30/2013 disputing the Utilization Review Denial dated 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/8/2013. 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 arthroscopy, labral debridement versus repair, osteoplasty possible chondroplasty/microfracture outpatient is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **post-op physical therapy two times a week for four weeks for the right hip 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.

Expert Reviewer Case Summary:

This claimant is a 50-year-old female with complaints of hip pain. On 07/20/2012, she presented to the emergency department following a motor vehicle crash. This was described as a minor crash. She reported neck pain. She stated she was improving at that time but had 2 episodes of vomiting after being given morphine and Phenergan in the emergency department. There was no tenderness to the chest wall and there was no tenderness or instability to her pelvis. She had normal range of motion and normal tone to her extremities. Sensation was within normal limits to all 4 extremities. Neck spasms and tenderness were noted to her cervical spine but there was no abnormal alignment. On 08/03/2012, an x-ray of the pelvis was obtained and there was a normal hip examination on that exam. The trabecular pattern was within normal limits and there was normal bony mineralization. There was no evidence of fractures or dislocations and no joint effusion was noted. On 10/12/2012, an MRI of the right hip was obtained and this was considered a normal MRI of the right hip. This was considered a normal MRI of the right hip and the adjacent ligaments and musculotendinous structures. She returned to clinic on 10/25/2012 with continued complaints of pain to multiple body parts including her hips, but she stated her hips were doing slightly better at that time. On 03/07/2013, she was seen for orthopedic consultation. X-rays and MRI of the right hip were reviewed at that time. On examination of her right hip, she walked with a slight Trendelenburg gait to the right hip. Range of motion was 0 degrees to 110 degrees of the right hip with internal rotation to 10 degrees and external rotation to 45 degrees. She had a positive impingement sign with flexion, abduction, and internal rotation, and had a positive Fabere's test.

She had no tenderness to palpation over the greater trochanter with a negative Ober test. She had a negative straight leg raise at that time. On 06/03/2013, she underwent right hip intra-articular steroid injection and a right hip arthrogram under fluoroscopy. She returned to clinic on 06/05/2013 stating that she had a cortisone injection into her right hip and she felt like it was helpful and she had less pain. She stated she was able to drive her car and move more comfortably. She was still using a cane for support. On exam, she had mild tenderness of the right hip without crepitation, swelling, or redness. Flexion was approximately 45 degrees with some discomfort beyond that. She also had mild pain with internal rotation and external rotation of the right hip. On 07/31/2013, a clinical note was submitted indicating she continued to have significant right hip pain on the anterior and anterolateral aspect of her right hip unimproved with extensive conservative care. It was noted that she walked with a slight Trendelenburg gait to the right hip and had range of motion of the right hip from 0 degrees to 110 degrees and internal rotation was 10 degrees, and external rotation was 45 degrees. It was further noted she had a positive impingement sign with flexion, abduction, and internal rotation and had a positive Fabere's test and negative iliopsoas stress test. She had no tenderness to palpation about the greater trochanter and had a negative Ober test.

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 of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for right hip arthroscopy, labral debridement versus repair, osteoplasty possible chondroplasty/microfracture outpatient:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), hip and pelvis chapter, 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 Official Disability Guidelines (ODG), Hip and Pelvis Chapter, Arthroscopy section.

Rationale for the Decision:

ODG indicates that arthroscopy can be recommended when the mechanism of injury and physical exam findings strongly suggest the presence of a surgical lesion. It is noted that it is appropriate to proceed directly with an interventional arthroscopy at that time. As the records do not strongly indicate a lesion that would be amenable to a surgical intervention with a normal MRI, medical necessity has not been established. **The request for right hip arthroscopy, labral debridement versus repair, osteoplasty possible chondroplasty/microfracture outpatient is not medically necessary and appropriate.**

2) Regarding the request for post-op physical therapy two times a week for four weeks for the right hip:

Since the primary procedure is not medically necessary and appropriate, the associated service 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

/mbg

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.