

Case Number:	CM14-0052035		
Date Assigned:	09/12/2014	Date of Injury:	01/20/2012
Decision Date:	08/04/2015	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/21/2014

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 51-year-old female, with a reported date of injury of 01/20/2012. The diagnoses include left hip coxa profunda, left hip labral tear, acquired hip deformity on the left, and left hip pain. Treatments to date have included a left hip Arthrogram on 10/10/2013; physical therapy; oral medication; an MRI of the left hip showed an anterolateral labral tear with a paralabral cyst; and x-rays of the hip/pelvis. The medical report dated 03/11/2014 indicates that the injured worker complained of left hip pain. She rated her pain 7-8 out of 10, and stated that it was present all the time. The injured worker also had low back pain and upper leg pain. She experienced a popping sensation in the hip joint, was limping, and unable to lie on her left side due to the pain. The objective findings include a severely antalgic gait, no snapping or clicking from the hip joint, normal alignment of the spine, mild tenderness to palpation of the greater trochanter, decreased left hip range of motion, and positive impingement test. The treating physician requested left hip arthroscopy acetabular takedown with labral repair; femoral neck resection; pre-operative medical clearance (labs, EKG, chest x-ray); durable medical equipment (crutches, TED support stockings, transcutaneous electrical nerve stimulation unit, and vascultherm unit for two weeks); and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hip Operative Arthroscopy Acetabular Takedown with Labral Repair, Femoral Neck Resection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip Arthroscopy <http://www.odg-twc.com/odgtwc/hip.htm#Arthroplasty>.

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 which are not present on the MRI from 10/10/13. Early treatment of labral tears per the ODG includes rest, anti-inflammatories, physical therapy, and cortisone injections. There is insufficient evidence in the exam notes from 3/11/14 of conservative care being performed. Therefore the request is not medically necessary.

Pre-Operative Medical Clearance: Labs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/285191-overview#a1>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative testing.

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

Pre-Operative Medical Clearance: Electrocardiogram EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/285191-overview#a1>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative testing.

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

Pre-Operative Medical Clearance: Chest X-Ray (CXR): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article/285191-overview#a1>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative testing.

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

Associated surgical services: Crutches: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG knee chapter, walking aids.

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

Associated surgical services: TED Support Stockings: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Deep Venous Thrombosis Prophylaxis in Orthopedic Surgery Author Robert s. Ennis, MD, FACS: Chief Editor: Harris Gellman, MD Updated 07/12/2011; Harrison's Textbook of Medicine Work Loss Data Institute Official Disability Guidelines (ODG), Online, Knee and Leg Compression Garments.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Venous Thrombosis.

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

TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT). Decision based on Non-MTUS Citation (BlueCross BlueShield, 2007) (Aetna, 2005) TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): s 113-114.

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

Associated surgical services: Vascutherm Unit x 2 Weeks: Upheld

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

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

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

Associated surgical services: Physical Therapy x 12-18 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 23.

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