

Case Number:	CM13-0002685		
Date Assigned:	11/01/2013	Date of Injury:	02/10/2010
Decision Date:	01/09/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	07/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic bilateral hip pain reportedly associated with an industrial injury of September 10, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; prior right hip total hip arthroplasty; and a walker. In a July 3, 2013 utilization review report, the claims administrator denied a request for a left hip total hip arthroplasty with three-day inpatient stay, citing the applicant's obesity. A July 23, 2013 progress note is notable for comments that the applicant has lost 15 pounds during the intervening year. The applicant stands 5 feet 4 inches tall, weighs 230 pounds. She is ambulating with a walker and exhibits an antalgic gait. Limited and painful left hip range of motion is appreciated. The attending provider appeals the decision. An earlier July 19, 2013 progress note is notable for comments that the applicant has left hip total hip arthroplasty, is disabled, and should undergo a total hip arthroplasty. Finally, June 11, 2013 x-ray report states that the applicant has x-rays of the hip and pelvis which revealed a satisfactory right hip prosthesis and show obliteration of the left hip medial joint space.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left total hip replacement: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), American College of Occupational and Environmental Medicine (ACOEM), V.3, Hip and Groin.

Decision rationale: The Physician Reviewer's decision rationale: The MTUS does not address the topic of total hip arthroplasties. As noted in the third edition ACOEM Guidelines, hip arthroplasties are strongly recommended for individuals with severe arthritis which has proven unresponsive to nonoperative treatment. Indications for hip arthroplasty includes severe hip degenerative joint disease which is unresponsive to nonoperative treatment, sufficient symptoms and functional limitations with activities of daily living, and failure to successfully manage symptoms after prolonged period of conservative management including NSAIDs, exercise, physical therapy, and weight reduction. In this case, it appears that the applicant has tried and failed each and all of the aforementioned treatments. She has tried and failed nonoperative measures. She has actually lost 15 pounds, to no avail. Significant hip symptoms persist. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review. The ODG criteria cited by the claims administrator are reviewed. While ODG states that only those individuals with a BMI less than 35 should be considered candidates for hip arthroplasty, ACOEM does not impose any such mandate. One of the articles cited by ACOEM, it is incidentally noted, seemingly suggest that postoperative results are comparable in higher BMI versus lower BMI groups. Thus, on balance, the request is certified owing to the failure of conservative treatment. The more permissive guideline has been invoked here, namely the ACOEM Guideline, which does not use the applicant's BMI as an absolute barrier to pursuit of the proposed total hip arthroplasty.

3 day in-patient stay: Overturned

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).

Decision rationale: Again, the MTUS does not address the topic of hospital length of stay following total hip arthroplasty. The ODG Hospital Length of Stay Guidelines suggests that the best practice is to target for hospital length of stay following total hip replacement is three Final Determination Letter for IMR Case Number CM13-0002685 4 days. The hip replacement surgery has been certified above. Thus, the associated hospital stay is likewise certified.

Post-op rehabilitation: Overturned

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).

Decision rationale: As noted in MTUS 9792.24.3.a.2, an initial course of therapy means one half of the general course of overall therapy for this specific surgery. The postsurgical guidelines in MTUS 9792.24.3 recommends a total course of 24 sessions of postsurgical treatment following total hip arthroplasty. Therefore, a 12-session certification is issued here.