MAXIMUS Federal Services

Case Number:	CM13-0008051		
Date Assigned:	12/11/2013	Date of Injury:	03/23/2006
Decision Date:	01/30/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/06/2013

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 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 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 patient is a 52-year-old male who reported an injury on 03/23/2006. The mechanism of injury was not provided for review. The patient reportedly sustained an injury to the low back, hip, and knee that developed into chronic pain. The patient was treated conservatively with physical therapy, medications, and injection therapy. The patient underwent an MRI of the left hip that was positive for chronic deformity of the left femoral head and severe osteoarthritis. The patient's most recent clinical examination findings included continuous pain of the left hip radiating into the left groin and an inability to perform range of motion secondary to pain. It was also noted that the patient had a BMI of 44.9. It was recommended that the patient participate in a weight loss program to attain a more healthy weight prior to surgical intervention. The patient's diagnoses included right hip osteoarthritis and left hip end stage osteoarthritis. The patient's treatment plan included a weight loss program and referral to a pain management specialist regarding hip injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left total hip replacement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, and Canale: Campbell's Operative Orthopaedics, 10th ed., Mosby, Inc

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines, Hip and Pelvis Chapter section on Arthroplasty.

Decision rationale: The clinical documentation submitted for review does provide evidence that the patient has significant physical findings of severely limited functional capabilities related to pain generated by end stage osteoarthritis of the left hip. This is supported by an imaging study. However, the Official Disability Guidelines recommend patients over the age of 50 have a body mass index of less than 35 prior to undergoing this surgical intervention. The clinical documentation submitted for review indicates that the patient has a BMI of 44. This exceeds Guideline recommendations. As such, the request for a left total hip replacement is not medically necessary and appropriate.

A series of 18 physical therapy visits: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Lovenox injection 14 days: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

A walker: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Bracing: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Pre-operative medical clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Home health care 3 hours a day 4 days a week for 4 weeks:

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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