

Case Number:	CM13-0015533		
Date Assigned:	10/08/2013	Date of Injury:	03/11/2003
Decision Date:	01/24/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/23/2013

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 Orthopedic Surgery and is licensed to practice in Texas. 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 54 year old female who reported an injury on 03/11/2003. The mechanism of injury was a fall. The patient complained of pain to the right hip. The patient has been diagnosed with degenerative hip disease of the right hip. The patient has been treated with medication and injections. The patient's current diagnosis is right hip labral tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

. Right 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 (ODG) Hip, Arthroplasty.

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: The Physician Reviewer's decision rationale: CA MTUS ACOEM does not address the submitted request. Official Disability Guidelines recommended hip arthroplasty when all reasonable conservative measures have been exhausted and other reasonable surgical options have been seriously considered or implemented. The guidelines recommend conservative care to include exercise therapy or supervised physical therapy, and medications

(unless contraindicated) PLUS limited range of motion OR night-time joint pain OR No pain relief with conservative care, PLUS be over 50 years of age, and a BMI of less than 35, PLUS imaging studies (standing x-ray or arthroscopy). The clinical documentation submitted for review does not provide objective physical therapy findings or imaging studies of a standing x-ray or arthroscopy as recommended by the ODG guidelines. As such, the request is non-certified.

Length of Stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip, Arthroplasty.

Decision rationale: CA MTUS ACOEM does not address the submitted request. Official Disability Guidelines indicate hospital length of stay for hip arthroplasty is a median 3 days with no complications. As the clinical documentation submitted for review does not meet the recommended ODG guidelines for the right hip arthroplasty, the hospital stay is non-certified.