

Case Number:	CM13-0023556		
Date Assigned:	11/15/2013	Date of Injury:	04/20/2011
Decision Date:	01/22/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/12/2013

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, has a subspecialty in Fellowship Reconstructive Surgery and is licensed to practice in Illinois, Texas, and West Virginia. 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 fifty year old male who reported an injury on 04/20/2011 after a fall. The patient was treated conservatively with physical therapy and medication management. An Magnetic Resonance Imaging revealed osteoarthritic changes bilaterally and a stage I avascular necrosis. The patient underwent abdominal surgery which caused a delay in treatment. After recovering from abdominal surgery, the patient underwent a trial of chiropractic care. The patient's most recent clinical exam findings reveal persistent left hip pain rated at 9/10 with mechanical symptoms. The patient's diagnoses included osteoarthritis of the left hip and a pulled groin of the left hip. The patient's treatment plan included injury resurfacing for the left hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery resurfacing of left hip: 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) Hip and Pelvis Chapter, Section: Total hip resurfacing.

Decision rationale: The requested surgery for resurfacing the left hip is medically necessary and appropriate. The clinical documentation submitted for review does provide evidence that the patient has an imaging study supportive of significant osteoarthritis. The patient has failed to respond to an adequate course of physical therapy, a home exercise program, and medications. Official Disability Guidelines recommend total hip resurfacing when the patient has failed to respond to conservative treatments, the patient has a diagnosis of osteoarthritis or osteonecrosis involving the hip, and is a candidate for total hip replacement. The clinical documentation submitted for review does indicate the patient is a candidate for total hip replacement, has failed to respond to exhaustive conservative measures, and has a diagnosis of osteoarthritis supported by an imaging study. As such, the requested surgery for resurfacing of the left hip is medically necessary and appropriate.