MAXIMUS Federal Services

Case Number:	CM13-0030642		
Date Assigned:	11/27/2013	Date of Injury:	01/17/2002
Decision Date:	02/07/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/01/2013

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 51-year-old female who was injured in a work related accident on 01/17/02. Records indicate complaints of left hip pain, for which the recent clinical assessment 08/27/13 with [redacted]., indicated continued complaints of pain about the left hip, noted to be chronic in nature, and having failed a considerable course of conservative care. The claimant's working diagnosis was that of severe degenerative changes per an MRI scan of February 2008. It stated that she was currently awaiting a left hip replacement procedure. There is indication that a left total hip arthroplasty had been certified by a utilization review process. At present, there is a request for intervention in the form of a preoperative chest x-ray for assessment as well as a request for postoperative use of a hip abduction brace for the claimant's upcoming left total hip arthroplasty procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative Chest X-ray: 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) Official Disability

Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: Low Back Chapter - Preoperative testing, general.

Decision rationale: When looking at Official Disability Guideline criteria, a preoperative chest x-ray would appear warranted. The claimant is to undergo a total hip arthroplasty. The role of routine chest radiographs and the preoperative assessment for this invasive procedure would appear to be medically necessary given the claimant's age and current clinical presentation.

Hip Abduction Brace L1686: 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 Am J Phys Med Rehabilitation. 2009 Mar; 88(3):201-9 and the Vincent HK, DeJong G, Mascarenas D, Vincent KR.

Decision rationale: When looking at an Orthopedic Literature Review, postsurgical use of a hip abductor brace in the primary joint replacement setting is not indicated. Recent randomized clinical trials indicated that abductor brace use does not impair rehabilitative functions, gains, or discharge home, but it is related with excessive rehabilitative cost. It clearly indicates that hip abductor braces do not seem necessary during the acute rehabilitation of a primary hip replacement procedure. As such, the postoperative device would not be recommended.