

Case Number:	CM13-0033708		
Date Assigned:	12/06/2013	Date of Injury:	03/22/2000
Decision Date:	04/25/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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:

This is a 65-year-old female injured in a work-related accident on 3/20/2000. The records indicate injury to the low back as well as radiating bilateral lower extremity complaints. Recent clinical assessment for review includes a 6/18/13 assessment indicating diagnosis of bilateral hip degeneration. Documentation of conservative measures at that date were unclear. Physical examination revealed the right hip to be positive for "swelling and instability." Due to the claimant's ongoing diagnosis of degenerative arthritis or arthrosis to the hip and failed care which was stated to have included medications, surgical intervention in the form of right total hip arthroplasty, the patient was recommended for further definitive management. Further review of records indicate treatment for the claimant's lumbar and low back related complaints with no further treatment or documentation of findings in regard to the hip noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT TOTAL HIP ARTHROPLASTY: Upheld

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

Guidelines Treatment in Worker's Comp, 18th Edition, (2013 Updates), Hip Procedure -
Arthroplasty

Decision rationale: Official Disability Guidelines criteria indicate hip arthroplasty would not be indicated. While the claimant's imaging demonstrates osteoarthritis, there is a lack of documentation of conservative care that has been utilized in this claimant with concordant underlying lumbar concerns. The lack of direct clinical correlation between the claimant's examination, subsequent diagnosis of the lumbar spine, and lack of conservative care would fail to necessitate the acute need of surgery as stated.

ASSISTANT SUREGON: 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 Other Medical Treatment Guideline or Medical Evidence: Milliman Care Guidelines 17th Edition: Assistant Surgeon

Decision rationale: When looking at Milliman Care Guidelines, an assistant surgeon would not be indicated as the need for operative intervention has not been established.

LENGTH OF STAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip and Pelvis Chapter

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), Hip Procedure

Decision rationale: When looking at Official Disability Guidelines, length of stay would not be indicated as the need for operative intervention has not been established.

PRE-OP MEDICAL CLEARANCE WITH RAND MILEFCHIK GROUP (HX OF THYROID DISEASE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, page 127

Decision rationale: Based on California ACOEM Guidelines, preoperative medical clearance also would not be indicated as the need for operative intervention has not been established.

TWO (2) UNITS OF AUTOLOGOUS BLOOD DONATION: 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 Other Medical Treatment Guideline or Medical Evidence: Journal Knee Surgery. 2011 March; 24(1):25-31. Who needs autologous blood donation in joint replacement?

Decision rationale: Guideline criteria would not support the role of autologous blood donation for the above-mentioned procedure as the surgical process has not yet been established.

BEDSIDE COMMODORE OR RAISED TOILET SEAT, ADAPTIVE DEVICE TO GET SHOES AND SOCKS ON AND OFF.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - Durable Medical Equipment (DME)

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), Knee Procedure - Durable Medical Equipment (DME)

Decision rationale: When looking at Official Disability Guidelines criteria, the above requested DME would not be indicated as the need for operative intervention has not been established.

HOME HEALTH EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Home Health Services Page(s): 51. Decision based on Non-MTUS Citation ODG, Home Health Services

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Home Health Services Page(s): 51.

Decision rationale: MTUS Guidelines would not support the role of a home health evaluation as the need for operative intervention has not been established.

POST-OPERATIVE EIGHTEEN (18) PHYSICAL THERAPY VISITS (INCLUDING HOME/TRANSITIONAL CARE AND OUTPATIENT): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ODG, Physical Therapy Guidelines and Hip and Pelvis Chapter

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: MTUS Post-Surgical Rehabilitative Guidelines would not support post-operative physical therapy as the need for operative intervention has not been established.

ANTICOAGULANT POST-OPERATIVE XARELTO 10MG FOR 32 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - Hip and Pelvis Chapter, Prophylaxis with antibiotics and anticoagulants

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), Knee Procedure - Venous thrombosis

Decision rationale: When looking at Official Disability Guidelines criteria, appropriate anti-coagulant use following hip replacement procedure is not indicated due to lack of documentation of need for procedure.