

<b>Case Number:</b>	CM13-0034894		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	06/24/2013
<b>Decision Date:</b>	02/07/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 58-year-old gentleman who was injured in a work related accident on 06/24/13. Clinical records for review include an MRI of the left hip dated 08/31/13 that showed a moderate to a large joint effusion with advanced osteoarthritic change. A follow up of 09/04/13 with [REDACTED] indicated ongoing complaints of pain about the left hip, for which he continued to be symptomatic. It stated that he was using an assistive device in the form of a cane and has failed conservative measures. His physical examination of the left hip showed restricted range of motion with internal and external rotation with full strength. Reviewed at that time were radiographs that showed joint space narrowing. Other than ambulatory devices, conservative care was not documented. The treating physician indicated that treatment could consist of medication, steroid injection, and activity modifications, but recommended a total hip arthroplasty for further assessment in this claimant's care. Examination at that date showed the claimant's body mass index to be greater than 41

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A total left hip arthroplasty:** 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 & Pelvis Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip Procedures, Arthroplasty

**Decision rationale:** When looking at ODG criteria, total hip arthroplasty would not be indicated. Total hip arthroplasty is indicated if all ODG criteria are met, including an age greater than 50 years and a body mass index of less than 35, as well as conservative care that has included medication management, steroid injections, and other forms of modalities. Records in this case demonstrate minimal documentation of conservative measures and fail to demonstrate a body mass index of less than 35; the claimant's BMI is greater than 41. The operative process in question, thus, would not be indicated by clinical records for review.

**An assistant surgeon:** 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

**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.

**Postoperative physical therapy:** 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.

**Since the primary procedure is not medically necessary, none of the associated services are medically necessary.:** 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 front wheeled 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 items/services are medically necessary

**The purchase of a hot/cold therapy unit:** 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 items/services are medically necessary.