

<b>Case Number:</b>	CM13-0038370		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	07/01/2000
<b>Decision Date:</b>	02/18/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 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 48-year-old male who reported an injury on 07/01/2000. The mechanism of injury was not provided. The patient was noted to have left hip pain. The patient was noted to walk with a limp slowly and exhibit guarded movements. The patient's diagnosis was noted to be traumatic arthropathy site unspecified. The request was made for a left total hip revision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lt Total Hip Revision:** 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 Official Disability Guidelines (ODG), Hip & Pelvis Chapter, Hip Revision total hip arthroplasty

**Decision rationale:** The Official Disability Guidelines recommend a revision of a total hip arthroplasty for failed hip replacement or internal fixation. The patient was noted to have a left hip unilateral complete x-ray 07/10/2013 which revealed the patient had a satisfactory appearance of the hip and knee prosthesis. The old healed fractures of the shafts of the femur,

tibia, and fibula were near atomic and internally fixated. There was noted to be possible loosening of the 2 most distal screws in the leg. The clinical documentation indicated the patient had a lot of pain in the hip and groin. The patient was noted to have pain with rotation and prolonged standing and walking. However, clinical documentation submitted for review failed to support the request, as there was a lack of documentation indicating the patient had a failed hip replacement of internal fixation. Given the above and the lack of documentation of exceptional factors, the request for a Lt Total Hip Revision is not medically necessary.