

Case Number:	CM13-0043576		
Date Assigned:	12/27/2013	Date of Injury:	11/18/2011
Decision Date:	04/18/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/24/2013

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:

The patient is a 44 year old male with an industrial injury on 11/18/11. He has bilateral low back pain, right worse than left, radiating to the right buttock, right posterior thigh, right posterior calf and right Achilles with numbness. On 8/9/13 patient received a right hip intraarticular cortisone injection. The exam notes from 10/10/13 demonstrate tenderness upon palpation of the lumbar paraspinal muscles. Lumbar range of motion was restricted in all directions due to pain. Muscles strength is 5/5 lower extremities, and 4+/5 in the right peroneals, right posterior tibial and right gastrosoleus. Exam from 10/22/13 demonstrates severe right hip range of motion were restricted by pain in all directions. Request is for a right hip replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT HIP REPLACEMENT: 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), Online Version, Hip & Pelvis (Acute and Chronic) Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) HIP SECTION, ARTHROPLASTY

Decision rationale: CA MTUS/ACOEM is silent on the issue of total hip arthroplasty. According to the ODG, total hip arthroplasty is indicated for patients over 50 years of age and standing radiographs demonstrating osteoarthritis. In this case the claimant is 44 years of age and there are no imaging documentation demonstrating significant hip osteoarthritis to meet medical necessity. Therefore determination is for non-certification.