

<b>Case Number:</b>	CM13-0044018		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/06/2002
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	10/10/2013
<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 Spine surgery and is licensed to practice in New York. 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:

Patient had an MRI of the right hip in August 2002. Patient had right sub capital femoral osteophytosis with cystic lesion in the femoral head. Patient had joint spurring and evidence of osteoarthritis. Physical examination reveals an obese 5 foot 7 and 280 pound male. He has an antalgic gait. He has restricted range of motion of the right hip. He has flexion to 80°, 5° of internal rotation and 40° of external rotation. Leg lengths were equal. X-rays reveal moderately advanced osteoarthritis of the right hip.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 total right 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 (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indications for Surgery, Hip arthroplasty.

**Decision rationale:** This patient is morbidly obese at 5 foot 7 280 pounds. His BMI is well over 35. According to established ODG guidelines for total hip surgery, this patient is not a candidate

because he does not have a body mass index of less than 35. At his current height and weight, his BMI is much higher than 35. Because the patient does not need BMI criteria for total hip surgery, he fails to meet established guidelines for total hip surgery. While the patient does have radiographic evidence of right hip osteoarthritis and has had conservative measures without success, he does not meet criteria for surgery because of his extensive BMI over 35.