

Case Number:	CM13-0046158		
Date Assigned:	12/27/2013	Date of Injury:	07/20/2012
Decision Date:	03/11/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/12/2013

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 least at 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:

This 48-year-old claimant has a history of back and hip pain. The clinical records documented that she underwent lumbar spine fusion in 2011. There has been concern over mild osteoarthritis affecting the right hip that has been proven by CT scan and x-rays. The claimant underwent injections for right hip arthritis which provided short term relief. Examination was consistent with right hip arthritis with decreased rotation and internal rotation of the hip caused pain. Total hip arthroplasty has been requested

IMR ISSUES, DECISIONS AND RATIONALES

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

Direct anterior approach total hip replacement: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Hip and Pelvis: Arthroplasty.

Decision rationale: Direct anterior approach total hip replacement would not be considered medically necessary and appropriate based on the records provided in this case and the Official

Disability Guidelines. The MTUS ACOEM Guidelines do not address this issue. Official Disability Guidelines clearly state that patients with appropriate history, physical, and imaging findings of osteoarthritis who have failed conservative care may be offered total hip arthroplasty if age is greater than 50 and body mass index is less than 35. In this case, this claimant is 40 years old and no body mass index information has been provided. As this claimant is too young for a total hip, direct anterior approach total hip replacement cannot be certified in this case.

Three day inpatient hospital stay: 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.