

Case Number:	CM13-0047422		
Date Assigned:	12/27/2013	Date of Injury:	05/19/2012
Decision Date:	03/10/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	11/01/2013

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 Occupational Medicine, 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 represented [REDACTED] employee who has filed a claim for chronic hip, low back, knee, and pelvic pain reportedly associated with an industrial injury of May 19, 2012. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; MRI imaging of the hip and pelvis dated July 2, 2013, notable for an intact left hip total hip arthroplasty and advanced right hip arthritis; extensive periods of time off work; a cane; a left hip total hip arthroplasty; and unspecified amounts of physical therapy. In a utilization review report of October 7, 2013, the claims administrator denied a request for a right total hip arthroplasty on the grounds that the attending provider did not establish the patient's recalcitrants to conservative measures. In an August 1, 2013, physical therapy progress note, the patient's physical therapist writes that the patient has a severe limp owing to the fact that the right hip needs to be replaced as soon as the left hip is rehab'd. This is echoed by later physical therapy progress notes of July 30, 2013, August 1, 2013, and August 28, 2013. A July 9, 2013, progress note states that the patient's hip arthritis is worsening. On September 24, 2013, it is stated that the patient has recovered well from his left hip surgery and that he is now intent on pursuing a right hip total hip arthroplasty. He is described as having an unremarkable gait on this date. Also reviewed are x-ray reports of June 4, 2013, and July 2, 2013, both of which state that the patient has moderate to severe right hip arthritis and/or advanced right hip arthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

right total hip arthroplasty: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 3rd Edition, Hip and Groin Chapter, General Principles of Treatment Section

Decision rationale: As noted in the Third Edition ACOEM Guidelines on the hip and groin, a total hip arthroplasty is strongly recommended as an effective operation to speed improvement in those individuals with moderate to severe hip degenerative joint disease. In this case, the applicant does have clinically evident, radiographically confirmed, moderate to severe hip degenerative joint disease which has proven refractory to conservative management including time, medications, and physical therapy. The applicant is now several years removed from the date of injury. His right hip issues are seemingly progressively worsening over time. A total hip arthroplasty procedure is therefore indicated. The request for a right total hip arthroplasty is medically necessary and appropriate.

inpatient hospital stay for three days: Overturned

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 and Pelvis Chapter, and Hospital Length of Stay Guidelines

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

Decision rationale: As noted in the ODG Hip Chapter's hospital length of stay topic, the best practice target following a total hip arthroplasty is three days. The attending provider's request, thus, does conform to the guideline. The request for an inpatient hospital stay for three days is medically necessary and appropriate.

Post-operative Xarelto 10 mg, 30 count: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 3rd Edition, Hip and Groin Chapter, General Principles of Treatment Section

Decision rationale: The MTUS does not address the topic of DVT (deep venous thrombosis) prophylaxis following a total hip arthroplasty surgery. As noted in the Third Edition, ACOEM

Guidelines, Factor Xa inhibitors are strongly recommended for the prevention of venous thromboembolic disease following total hip arthroplasty. Xarelto is a factor Xa inhibitor. The Third Edition, ACOEM Guidelines noted that Xarelto was considered investigational in the United States as of the publication of ACOEM, Third Edition. However, the Food and Drug Administration (FDA) does note that Xarelto is now FDA approved to reduce the risk of forming a blood clot in the legs and lungs of individuals who have just had a hip or knee replacement surgery. Thus, Xarelto is indicated, according to both ACOEM and the FDA guidelines, for the purposes for which it is being applied here. The request for post-operative Xarelto 10 mg, 30 count, is medically necessary and appropriate.

In-home home health and physical therapy, twice per week for three weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51, Postsurgical Treatment Guidelines.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, home health services are recommended to deliver medical treatment to applicants who are homebound and/or unable to attend outpatient medical services of their own accord. In this case, the applicant is undergoing a total knee arthroplasty. The patient is likely to be homebound immediately after the surgery in question. An initial six-session course of in-home physical therapy is therefore indicated, appropriate, and compatible with the postsurgical physical medicine treatment guidelines, which do endorse an overall course of 24 sessions of postoperative physical therapy following a total hip arthroplasty surgery. For all of these reasons, then, the request is certified. It is incidentally noted that this is, strictly speaking, a postsurgical case as opposed to a chronic pain case. However, the Post-Surgical Treatment Guidelines do state that the guidelines shall apply together with any other applicable guidelines found within the MTUS. In this case, since the Chronic Pain Medical Treatment Guidelines did directly address the request for home health services, this was invoked along with the postsurgical treatment guidelines. The request for in-home home health and physical therapy, twice per week for three weeks, is medically necessary and appropriate.