

Case Number:	CM13-0047689		
Date Assigned:	12/27/2013	Date of Injury:	09/04/2006
Decision Date:	02/28/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/04/2013

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 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:

This 49-year-old claimant with a date of injury of 09/04/06 is being treated for left hip pain status post left total hip replacement. The claimant was seen by [REDACTED] of orthopedics on 11/06/13, who performed the total hip arthroplasty. He has been concerned about metal wear debris as a source of pain and recommended a left hip aspiration arthrogram and Cobalt acromion blood levels to help understand if the claimant's pain is arising from the hip joint and is due to metallic ions associated with a metal on metal hip replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Hip Aspiration Arthrogram qty 1: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA: U.S. Food and Drug Administration: Metal on Metal Hip Implant Systems; FDA Executive Summary Memorandum; Advisory Committees; June 27-28, 2012. (Entire Memorandum).

Decision rationale: The CA MTUS and ODG Guidelines do not apply in this case. If one looks towards the US Food and Drug Administration web site regarding concerns about metal on metal hip implants, there is generalized concern regarding metallic wear debris causing an adverse local tissue reaction leading to pain with loosening and device failure. The FDA states that aspiration of the hip joint and blood test, including checking levels of metal ions in blood is useful to work up this problem as a source of hip pain status post metal on metal total hip replacement. Therefore, [REDACTED] decision making is sound and left hip aspiration arthrogram would be medically appropriate in this case.