

Case Number:	CM13-0058618		
Date Assigned:	12/30/2013	Date of Injury:	11/11/2010
Decision Date:	05/20/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/27/2013

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 Pennsylvania. 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 claimant is a 55-year-old gentleman who sustained an injury to the hip on November 11, 2010. The claimant was noted to have multiple underlying orthopedic injuries including low back and lower extremity radicular complaints. The records for review included an October 8, 2013 progress report noting continued complaints of pain in the right hip with physical examination noting the hip examination to be "unchanged" with tenderness to the anterior lateral aspect and pain with rotational movements. The claimant's diagnosis was bilateral hip internal derangement. Based on failed conservative measures, a total hip arthroplasty was recommended on the right. A September 10, 2013 electrodiagnostic study report showed a chronic L5 radiculopathy. The records did not include any imaging reports for review. This review is for the medical necessity of right total hip arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right total hip arthroplasty at [REDACTED]: 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) Web Edition

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

TREATMENT IN WORKER'S COMP, 18TH EDITION, 2013 UPDATES: HIP
PROCEDURE - ARTHROPLASTY

Decision rationale: The Expert Reviewer's decision rationale: The CA MTUS and ACOEM Guidelines do not address hip surgery. According to the Official Disability Guidelines, right total hip arthroplasty for this individual would not be supported. The medical records for review do not identify the conservative treatment provided for right hip symptoms. There is also no documentation of imaging reports to determine right hip pathology. The medical records also do not document the claimant's BMI. Therefore, the lack of this documentation would fail to meet the Official Disability Guideline criteria for the right total hip arthroplasty. The request for right total hip arthroplasty at [REDACTED] is not medically necessary.

Assistant Surgeon: 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) Web Edition

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Citation Milliman Care Guidelines 17th Edition: Assistant Surgeon (Codes 27006 To 27254).

Decision rationale: The Expert Reviewer's decision rationale: The request for right total hip arthroplasty cannot be recommended as medically necessary. Therefore, the request for an assistant surgeon would not be medically necessary.

Two to three day inpatient hospital stay: 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) Web Edition.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) TREATMENT IN WORKER'S COMP, 18TH EDITION, 2013 UPDATES: HIP PROCEDURE - ODG HOSPITAL LENGTH OF STAY (LOS) GUIDELINES:

Decision rationale: The Expert Reviewer's decision rationale: The request for right total hip arthroplasty cannot be recommended as medically necessary. Therefore, the request for a two to three day inpatient stay would not be medically necessary.