

Case Number:	CM13-0060816		
Date Assigned:	12/30/2013	Date of Injury:	02/28/2013
Decision Date:	03/21/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/02/2013

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:

The patient is a 57 year old female who injured her left hip on 10/25/13 as the result of a fall. She has severe pain in both hips and she rates her pain at 8-10/10. She reports she is taking one etodolac anti-inflammatory medication in the morning and two Tramadol medications at night to help with her pain. Prior treatment history has included conservative treatment with anti-inflammatory medications, pain medications, physical therapy, bracing, and an ice pack. As of 8/9/13, her medications included vitamins, Tramadol, Lisinopril, 81 mg of aspirin daily, and Etodolac. As of 7/3/13 and 7/17/13, her medications included Tramadol 50mg, 1-2 at bedtime; 30 Etodolac ER 600mg, 1 tablet by mouth, every day, after meals; Polar Frost 150ml 5oz Gel Tube, 1 every 8 hours; and 30 Tramadol HCL 150mg, 1 at bedtime (not to take with acetaminophen). As of 6/19/13, her medications included Tramadol 50mg, 1-2 at bedtime. As of 5/24/13, there was a request for a refill of 28 Tramadol 50mg, 1-2 tablets at bedtime as needed. An MRI of the left groin without contrast on 5/31/13 revealed negative MRI of the groin region. An MRI of the left hip post arthrogram injection on 5/31/13 revealed advanced bilateral hip osteoarthritis. The left acetabular labrum was largely replaced by an osteophyte. There was associated osteophytosis and anterior superior acetabular subcortical cyst formation, L4-5 degenerative disc disease, and two small uterine fibroids. These both measured less than 1cm in size. A clinic note dated 10/25/13 stated the left hip was unchanged. The patient continued to have an antalgic gait. Distal neurovascular exam was grossly intact. The patient was diagnosed with severe osteoarthritis of the left greater than right hip. The treatment plan was left total hip replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for left total hip replacement: Upheld

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

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

Decision rationale: The California MTUS guidelines do not specifically discuss the requested issue, so the Official Disability Guidelines have been consulted. As per the ODG, criteria for hip joint replacement include previous exercise therapy and medications; limited range of motion, night-time joint pain, or no pain relief with conservative care; being over 50 years of age (except in cases of shattered hip where reconstruction is not an option); having a BMI of under 35; and findings of osteoarthritis on either standing x-ray or arthroscopy. The patient is having chronic bilateral hip pain, left greater than right with limited range of motion despite being treated with medications and physical therapy. She is 57 years of age and her BMI is 27. She meets the 3 out of 4 criteria for total hip replacement; however, the documentation provided for review did not contain results of a standing x-ray or arthroscopy that would confirm osteoarthritis. As such, the request for left total hip replacement is non-certified.