

Case Number:	CM14-0002705		
Date Assigned:	01/29/2014	Date of Injury:	05/15/2007
Decision Date:	06/19/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/08/2014

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 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 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 patient is an employee of [REDACTED] has submitted a claim for a painful left total hip arthroplasty with connective femoral neck technology associated with an industrial injury date of May 15, 2007. Treatment to date has included total hip arthroplasty, left, on June 30, 2009; right total hip arthroplasty on December 01, 2010; chiropractic care, physical therapy, and medications. The patient complained of constant left hip pain, graded 3-4/10, described as dull, and aggravated upon movement. The progress report dated April 17, 2013 revealed that left hip pain resulted to difficulty with bathing, donning on socks, sitting, and walking. X-rays of the pelvis, left hip, and upper two-thirds of the femur, dated April 17, 2012, revealed bilateral Zimmer components with modular Trilogy trabecular metal shells transfixed by one screw. Both femoral heads appeared concentric. On the left side, the femoral head is matted to a polyethylene liner. Femoral stem showed modular necks, with the left stem in slight varus. The stem appeared osseointegrated. MRI of the left hip with metal suppression dated November 02, 2012, revealed two fluid collections at the anterior and posterior aspects. X-ray of the left hip, dated May 01, 2013, revealed no evidence of hardware failure. Utilization review from December 30, 2013 denied the request for complex revision total hip arthroplasty, left, because there was no documentation of a condition / diagnosis with supportive subjective and objective findings for which a revision of total hip arthroplasty is indicated. Since the operative procedure was deemed not medically necessary, all of the associated services were likewise denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPLEX REVISION TOTAL HIP ARTHROPLASTY, LEFT 3-4 DAY INPATIENT LENGTH OF STAY: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip And Pelvis Section, Revision Total Hip Arthroplasty and Hospital Length of Stay (LOS).

Decision rationale: The California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Hip and Pelvis Section was used instead. It states that revision total hip arthroplasty (THA) is recommended for failed hip replacement. The most common reasons for revision after THA are aseptic loosening of prosthetic parts, infection, dislocation, and fracture. In this case, patient underwent left THA using Zimmer components with a Kinectiv modular neck in June 30, 2009. He was status quo post-operatively until a year later, when his symptoms progressively worsened. He complained of constant, moderate, groin and lateral left hip pain resulting to difficulty in standing, walking, and stair climbing. Physical examination showed restricted range of motion with painful arc; tenderness; hyporeflexia; and positive provocative test at the left hip. The patient had mildly elevated cobalt; however, chromium level was negative. The treatment plan was to proceed with hip aspiration to measure cell count, differential count, and obtain culture specimen to rule out occult infection. If the fluid appeared milky, hip revision would be performed and would require removal of the current femoral component. Results showed thick, yellow joint fluid with 367/cu. mm white cells, and predominance of polymorphonuclear cells at 52%. The medical necessity for a repeat surgery has been established on the basis of presence of infection, a criterion for revision. Regarding the request for inpatient length of stay, the California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Hip and Pelvis Section was used instead. It states that the length of hospital stay for hip replacement revision, median is 4 days; mean of 5.8 days; and best practice target without complications is 4 days. In prospective management of cases, median is a better choice than mean. In this case, the patient is to undergo revision left hip replacement with a median length of hospital stay of 4 days. The requested LOS is within guideline recommendations. Because of the aforementioned discussion, the request is medically necessary.

SURGICAL ASSIST: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Orthopaedic Surgeons, Hip and Knee Arthroplasty.

Decision rationale: The California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the American Academy of Orthopaedic Surgeons, coding for hip arthroplasty was used instead. It states that the CPT code for revision of total hip arthroplasty; femoral component only, with or without allograft is 27138. Assistant Surgery Guidelines indicated that an assistant surgeon is necessary for the aforementioned surgery. In this case, the surgical plan is removal of the current components and placement of a more distally-fixed implant, while the acetabular component would be retained. The patient meets the guideline criteria as stated above. Therefore, the request for surgical assist is medically necessary.

VISITING NURSE EVALUATION, FOLLOW UP WOUND CARE, STAPLE, REMOVAL, IN HOME BLOOD DRAWS FOR PT AND INR UP TO 12 VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, home health services are only recommended for otherwise recommended medical treatment for patients who are homebound, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. In this case, patient is scheduled to undergo revision of total left hip arthroplasty. The specific tasks to be performed by the visiting nurse, i.e., wound care, staple removal, and blood draws, clearly indicate the need for professional nursing services. The medical necessity has been established, however, the request failed to specify the number of hours per visit that the patient requires assistance. The duration of time is significant in order to meet the guideline criteria of not more than 35 hours weekly. The request is incomplete, therefore, the request is not medically necessary.

HOME PHYSICAL THERAPY UP TO 3 TIMES PER WEEK FOR 4 WEEKS FOLLOWED BY OUTPATIENT PHYSICAL THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: According to the Post-Surgical Treatment Guidelines, a therapy program that starts immediately following hip surgery allows for greater improvement in muscle strength,

walking speed and functional score. The recommended number of physical therapy (PT) visits for post-operative arthroplasty / fusion is 24 sessions over 10 weeks. In this case, patient is to undergo revision of total left hip arthroplasty. The requested home PT of 12 sessions is within the guideline recommendation. However, the subsequent request of outpatient PT failed to specify the total number of sessions being requested. The request is incomplete; therefore, the request is not medically necessary.

FRONT WHEELED WALKER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare National Coverage Determination Manual.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Section, Walking Aids.

Decision rationale: The California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Knee and Leg Section was used instead. It states that disability, pain, and age-related impairments seem to determine the need for a walking aid. Frames or wheeled walkers are preferable for patients with bilateral disease. In this case, patient is to undergo a revision of total hip arthroplasty at the left. The operation is for a unilateral leg; however, the guideline recommends wheeled walkers for patients with bilateral disease. Although the patient also underwent right total hip arthroplasty in 2010, the most recent progress reports do not provide evidence of activity limitations as caused by the right hip. The medical necessity has not been established. Therefore, the request is not medically necessary.

DME: 3:1 COMMUNE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare National Coverage Determinations Manual.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Section, Durable Medical Equipment.

Decision rationale: The California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Knee and Leg Section was used instead. It states that durable medical equipment (DME) is recommended generally if there is a medical need or purpose, is appropriate for home use, is generally not useful to a person in the absence of illness, and can withstand repeated use. Most bathroom and toilet supplies, i.e. commodes, do not customarily serve a medical purpose and a primarily used

for convenience in the home. Certain DME toilet items (commodes) are medically necessary if the patient is bed- or room-confined. Environmental modifications are considered not primarily medical in nature. In this case, patient is to undergo revision of total left hip arthroplasty. However, there is no discussion that the patient is expected to be bed-confined which may necessitate a bedside commode. The medical necessity has not been established due to lack of documented rationale. Therefore, the request is not medically necessary.

SINGLE POINT CANE: 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), Walking Aids (Canes, Crutches, Braces, Orthoses, and Walkers).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Section, Walking Aids.

Decision rationale: The California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Knee and Leg Section was used instead. It states that disability, pain, and age-related impairments seem to determine the need for a walking aid. Using a cane in the hand contralateral to the symptomatic knee might shift the body's center of mass towards the affected limb, thereby reducing the medially directed ground reaction force and biomechanical loading of the lower limb. In this case, patient is to undergo a revision of total left hip arthroplasty. Postoperatively, patients are advised to limit weight bearing to the affected limb. The medical necessity for a cane has been established on the grounds that it can assist in unloading the left hip postoperatively. Therefore, the request is medically necessary.

HAND HELD SHOWER HEAD: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Section, Durable Medical Equipment.

Decision rationale: The California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Knee and Leg Section was used instead. It states that durable medical equipment (DME) is recommended generally if there is a medical need or purpose, is appropriate for home use, is generally not useful to a person in the absence of illness, and can withstand repeated use. Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for convenience in the home. Environmental modifications are considered not primarily medical in nature. In this

case, patient is to undergo revision of total left hip arthroplasty. However, a hand held showerhead is considered a self-help device, not primarily medical in nature. The guideline criteria for durable medical equipment have not been met. Therefore, the request is not medically necessary.

PRE-OPERATIVE MEDICAL CLEARANCE EXAM WITH INTERNIST INCLUDING EKG: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline, Preoperative Testing (E.G. Chest Radiography, Electrocardiography, Laboratory Testing, Urinalysis).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) , Chapter 7, Page 127; and Harrison's Principles of Internal Medicine, 18th ed., Chapter 228 Electrocardiography.

Decision rationale: The ACOEM guidelines indicate that a consultation is used to aid diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss and/or examinee's fitness to return to work. As stated on Harrison's Principles of Internal Medicine, electrocardiogram (EKG) is used in detecting arrhythmia, conduction abnormalities, myocardial ischemia, metabolic disturbances or increased susceptibility to sudden cardiac death (QT prolongation syndrome). In this case, patient is to undergo revision of total left hip arthroplasty. Patient is a 57 year old male who has concomitant disorders such as hypertension and hypercholesterolemia. Maintenance medications include Crestor, Lisinopril/HCTZ, and OcuVite vitamins. He is a non-smoker, however, a moderate alcohol beverage drinker. Although patient denies chest pain and its associated symptoms, an EKG is necessary to stratify his cardiovascular risk during the operation. The medical necessity has been established. Therefore, the request is medically necessary.

PRE-OPERATIVE DIAGNOSTIC TESTS: TEMPLATING X-RAYS (IN DOCTOR'S OFFICE), UA, CHROMIUM, COBALT, CBC, CMP, PT, PTT, CRP, ESC, CXR: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline, Preoperative Testing (E.G. Chest Radiography, Electrocardiography, Laboratory Testing, Urinalysis).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative Testing, General; Preoperative Lab Testing; Preoperative Electrocardiogram (EKG).

Decision rationale: The California MTUS does not specifically address preoperative testing. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was

used instead. The ODG states that the decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. In addition, preoperative lab testing should generally be done to confirm a clinical impression and tests should affect the course of treatment. Routine preoperative tests are defined as those done in the absence of any specific clinical indication or purpose and typically include a panel of blood tests, urine tests, and chest radiography. These tests are performed to find latent abnormalities that could impact how, when, or whether the planned surgical procedure and concomitant anesthesia are performed. In this case, the contemplated surgery is revision of total left hip arthroplasty, which according to ODG is an intermediate-risk procedure. Patient is a 57 year old male who has concomitant disorders such as hypertension and hypercholesterolemia, hence, CMP and CXR are necessary. Patient has ongoing infection of the left hip, hence, CBC, CRP, and ESC are necessary. Patient will be placed on Coumadin, hence, PT and PTT are necessary. The patient had mildly elevated cobalt previously, hence, it is necessary for repeat testing; and to include the chromium level is likewise essential. Templating x-rays are needed for surgical planning. Urinalysis is important to rule out presence of infection prior to undergoing an intermediate risk surgery. The guideline criteria have been met. Therefore, the request is medically necessary.

NORCO (QUANTITY NOT SPECIFIED): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Norco is recommended for moderate to moderately severe pain. In this case, the contemplated surgery is revision of total left hip arthroplasty, thus, Norco is necessary for post-operative use. However, the present request failed to specify the dosage, frequency, and quantity of medications to be dispensed. The request is incomplete, therefore, the request for Norco is not medically necessary.

COUMADIN FOR 28 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline, Knee & Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Section, Warfarin and Venous Thrombosis.

Decision rationale: The California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Knee and Leg Section was used instead. It states that warfarin (Coumadin) is recommended as an anticoagulation treatment option for patients with venous thromboembolism. Risk factors for

venous thrombosis include immobility and surgery. In this case, patient is to undergo revision of total left hip arthroplasty, hence, the patient meets the guideline criteria for warfarin use. However, the present request failed to specify the dosage of warfarin. The request is incomplete, therefore, the request for is not medically necessary.