MAXIMUS Federal Services

Case Number:	CM14-0109587		
Date Assigned:	08/04/2014	Date of Injury:	08/28/2012
Decision Date:	09/10/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/15/2014

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:

This 46-year-old male police officer sustained an industrial injury on 8/28/12. The injury occurred while stacking tires on top of each other, which caused an onset of lower back and left hip and buttock pain. The 9/19/12 lumbar spine MRI documented multilevel lumbar spondylosis with moderate L4/5 stenosis. The 12/14/12 left hip MRI impression documented severe left hip osteoarthritis with full-thickness chondral loss in the superolateral femoral head and acetabulum with near bone-on-bone abutment. There were prominent marginal osteophytes. There was moderate left hip effusion with synovitis and punctate debris throughout the joint. There was an extensive tear of the entire anterior and superior labrum extending to the mid-posterior labrum which was chronic. There was a superimposed acute tear of the anterosuperior labrum. There was mild gluteus medius insertional tendinosis. The 7/16/13 left L4 and L5 transforaminal epidural steroid injection did not relieve his low back or left buttock pain. The 3/7/14 hip specialist report cited sharp left hip and low back pain, grade 7/10. The left hip gave out at times. There was sitting and standing intolerance. The treatment plan recommended hip arthroplasty with a ceramic on polyethylene bearing. The 6/2/14 treating physician progress report cited stable low back pain radiating to the buttock and groin. The patient had frequent night pain. He had difficulty getting in and out of a vehicle and walking more than one block. He was last seen on 3/3/14 and felt to be a good candidate for left hip replacement. This would likely improve back pain by improving gait. Physical exam documented left sided antalgic gait, limited lumbar flexion/extension with pain, mildly positive left straight leg raise, 5/5 lower extremity strength bilaterally, difficulty performing left heel/toe walk, and significant pain with passive internal rotation of the left hip. A total left hip replacement was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total left hip arthroplasty: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis (updated 03/25/2014), Indications for Surgery - Hip arthroplasty.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis, Arthroplasty.

Decision rationale: The California MTUS does not provide recommendations for hip arthroplasty. The Official Disability Guidelines recommend total hip arthroplasty when all reasonable conservative measures have been exhausted and other reasonable surgical options have been seriously considered or implemented. Criteria include exercise therapy (supervised physical therapy and/or home rehab exercises) and medications (unless contraindicated non-steroidal anti-inflammatory drugs or steroid injection). Subjective findings should include limited range of motion, or night-time joint pain, or no pain relief with conservative care. Objective findings should include over 50 years of age and body mass index less than 35. Imaging findings of osteoarthritis on standing x-rays or arthroscopy are required. Guideline criteria have not been met. There is no documentation regarding hip range of motion or body mass index. The patient is not over 50 years of age. There is no detailed documentation that recent guideline-recommended conservative treatment directed to the left hip had been tried and failed. There is no evidence that other reasonable surgical options have been seriously considered. Therefore, this request for total left hip arthroplasty is not medically necessary.

Inpatient hospital stay for 3 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis (updated 03/25/2014), Hospital length of stay (LOS).

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Preoperative clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (http://www.guideline.gov/content.aspx?id=38289).

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Preoperative EKG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Preoperative laboratory tests (types unknown): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Postoperative physical therapy for 12 sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Postoperative follow up visit with orthopaedic 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, Hip & Pelvis (updated 03/25/2014), Office Visits.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.