

Case Number:	CM14-0017906		
Date Assigned:	04/16/2014	Date of Injury:	04/21/2008
Decision Date:	07/21/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/12/2014

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 Montana, Tennessee, and Texas. 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 injured worker is a 58-year-old with a reported date of injury on April 21, 2008. The mechanism of injury was noted to be a helicopter crash. His diagnoses were noted to include status post multiple injuries secondary to a helicopter crash, traumatic arthropathy, chronic pain, myalgia/myositis, left hip progressive osteoarthritis, right hip mild recurrent bursitis and piriformis centrum versus sciatica secondary to lumbar spondylosis to the left hip. Previous treatments are noted to include surgery, physical therapy to the right hip, and injections. The progress report dated December 5, 2013 reported the injured worker complained of increasing pain to his right buttock radiating down his thigh with some numbness going all the way down his leg and worsening. The injured worker also reported having issues with his left hip with pain in the groin and pain with weight bearing activities. The physical examination revealed restricted motion with positive impingement sign on the left. On the right side, the injured worker was tender over the greater trochanter and mildly tender over the buttock. Passive straight leg raise caused minimal discomfort down the leg and direct palpation of the piriformis did not cause a significant amount of pain. The provider reported an official anterior-posterior pelvis and false profile standing radiographs performed noted complete joint space loss most notably in the false profile in respect to the left hip. The Request for Authorization form was not submitted within the medical records. The request is for a left total hip replacement due to advanced osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT TOTAL HIP REPLACEMENT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The injured worker complained of left hip pain with weight bearing activities. The Official Disability Guidelines recommend arthroplasty when all reasonable conservative measures have been exhausted and other reasonable surgical options have been seriously considered or implemented. The guidelines state the majority of patients who undergo total joint replacement are able to maintain moderate level of physical activity, and some maintain very high activity levels. Patients who undergo total hip replacement for osteoarthritis report a noticeable long-term improvement in physical functioning, whereas age-matched population controls show a decline in function, according to the results of a recent study. The guidelines state both low back pain and spinal function are improved following total hip replacement surgery. The guidelines indications for surgery include exercise (supervised physical therapy and/or home rehab exercises) and medications (unless contraindicated: NSAIDs [non-steroidal anti-inflammatory drugs] or steroid injections) plus limited range of motion or nighttime joint pain or no pain relief with conservative care plus over fifty years of age and body mass index of less than 35 plus osteoarthritis on standing x-ray or arthroscopy. There is a lack of documentation regarding physical therapy to the left hip as well as limited range of motion or conservative care performed to the left hip to warrant total hip replacement. The request for a left total hip replacement is not medically necessary or appropriate.