

Case Number:	CM14-0112411		
Date Assigned:	08/01/2014	Date of Injury:	02/14/2012
Decision Date:	12/03/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/18/2014

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 is a 44 year old male claimant with an industrial injury dated 02/14/12. X-ray of the left hip demonstrated evidence of osteoarthritis and a total hip replacement in which was done on 01/29/13. The total hip prosthesis was well-positioned and in place without evidence of bone resorption. Exam note 06/03/14 states the patient returns with left hip pain. The patient states that the pain is worsened when walking, or standing for long periods of time. Upon physical exam there is evidence of well-healed scars. Also there is no evidence of tenderness or erythema over the area. Conservative treatments have included physical therapy, medications, and an epidural injection. Treatment includes a left total hip replacement revision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Hip Replacement Revision: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation. Hip and Pelvis Procedure Summary.

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, Arthroplasty

Decision rationale: CA MTUS/ACOEM is silent on the issue of total hip arthroplasty. According to ODG, Hip and Pelvis, arthroplasty criteria described conservative care and objective findings. These must include either limited range of motion or night time joint pain. Objective findings include age greater than 50 years and BMI of less than 35. In addition there must be imaging findings of osteoarthritis on standing radiographs. In this case the cited clinic note does not demonstrate conservative care has been attempted and there is no evidence of loosening from the radiology report from 1/29/13. Therefore, the medically necessary criteria for Left hip replacement revision have not been met.