

Case Number:	CM14-0112457		
Date Assigned:	08/01/2014	Date of Injury:	01/04/2005
Decision Date:	09/09/2014	UR Denial Date:	07/02/2014
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 Orthopaedic 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 60-year-old male heavy equipment operator/truck driver sustained an industrial injury on 1/4/05. Injury occurred when he slipped on ice and fell sustaining a left femoral neck fracture and twisting his left knee. He underwent left hemiarthroplasty on 1/5/05. He fell into a ditch on 10/13/05, with increased left hip pain. The patient subsequently underwent left hip revision total hip arthroplasty on 10/23/08 for prosthetic loosening. Records indicated persistent pain following the revision procedure. The 2/13/14 left hip x-ray impression documented no acute fracture, normal alignment, and no evidence of component failure. The patient underwent left hip aspiration on 4/8/14 with no documentation of culture results. The 6/4/14 treating physician report cited constant severe left hip pain radiating to the thigh with numbness. Pain increased with weight bearing and decreased with narcotic pain medication. The patient underwent lab testing in 2012 that showed elevated chromium and cobalt levels. Left hip physical exam findings documented decreased range of motion, decreased strength, and tenderness. Gait was abnormal with use of a cane. There was weakness noted in left hip flexion and hamstrings. Left total hip arthroplasty revision was recommended. The 7/2/14 utilization review denied the left hip surgery request as there was no evidence of loosening or other surgical problems with the left hip to support the medical necessity of revision hip arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left total hip arthroplasty 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 (ODG), Hip and Pelvis - Acute and Chronic (updated 03/15/14); Revision Total 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 and Pelvis, Revision total hip arthroplasty.

Decision rationale: The California Medical Treatment Utilization Schedule does not provide recommendations for hip surgery. The Official Disability Guidelines recommend revision total hip arthroplasty for failed hip replacement or internal fixation. Revision total hip arthroplasty is a reasonably safe and effective procedure for failed hip replacement. Guideline criteria have not been met. There is no clear evidence that the patient has failed hip surgery. There is no evidence of aseptic loosening of prosthetic parts, infection, dislocation or fracture. Detailed recent comprehensive nonoperative treatment trial and failures had not been documented. Therefore, this request for Left Total Hip Arthroplasty Revision is not medically necessary.

Postoperative rehabilitation program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine Guidelines- Arthroplasty, Unspecified.

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

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