MAXIMUS Federal Services

Case Number:	CM14-0115691		
Date Assigned:	08/04/2014	Date of Injury:	10/09/2009
Decision Date:	09/10/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/23/2014

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 35-year-old male sustained an industrial injury on 10/9/09. The mechanism of injury was not documented. The patient underwent right hip arthroscopy on 7/7/13. The 3/5/14 right hip MR arthrogram was reported unremarkable. There was no significant osteoarthritis. The 4/29/14 treating physician report cited severe low back and right hip pain. Pain was aggravated by walking and lying down. The patient felt like his thigh bone slipped out of the socket associated with pulsating pain. Right hip physical exam documented decreased range of motion, pain with internal rotation, antalgic gait, and tenderness to palpation over the groin area. The diagnosis was status post right hip arthroscopy, unsuccessful, with severe right hip pain and inability to ambulate without a cane and right knee internal derangement. The treatment plan recommended a right hip injection which was denied. The patient had failed all types of non-operative treatment and underwent an unsuccessful arthroscopy. A right total hip arthroplasty was recommended. The 6/3/14 treating physician report again requested authorization for right hip arthroplasty. Physical exam documented right hip pain with flexion, abduction, and internal rotation with radiation into the groin. There was weakness noted in the iliopsoas muscle. The 6/30/14 utilization review denied this request for right hip surgery as there was no detailed documentation of conservative treatment. Guidelines criteria were not met relative to imaging and radiographic evidence of osteoarthritis or age.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Total 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 (ODG): Hip & Pelvis Chapter, and on Hip Arthroplasty; Dreinhoefer, 2006; Mears, 2002; Mariconda, 2011.

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 surgery. 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 detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment, including steroid injection, had been tried and failed. There is no evidence of standing x-rays with findings of osteoarthritis. The MRI findings are reported as unremarkable with no significant osteoarthritis. There is no documentation of night-time joint pain or body mass index. The patient is only 35 years old. There is no evidence that other potentially reasonable surgical options have been fully ruled out. Given the failure to meet guideline criteria, this request for right total hip arthroplasty is not medically necessary.