

<b>Case Number:</b>	CM14-0120818		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	09/16/2011
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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:

The injured worker is a 48 year old female with a date of injury of 09/15/11. Recent clinical report dated 07/03/14 described continued complaints of pain about the right hip. It states the injured worker was lifting a bag to a trash can resulting in an acute onset of right hip complaints. It states since that time treatment has consisted of physical therapy, medication management, and activity restriction. She underwent a prior surgery in the form of a hip arthroscopy in 2013 for a torn labrum. Current physical examination findings showed pain with right hip flexion and internal rotation with restricted internal rotation compared to the left. The MRI scan of the hip revealed prior surgical repair to the labrum with edema to the acetabular rim. An ultrasound guided corticosteroid injection of the hip was performed at that date as well as consideration for surgical intervention to include a total hip arthroplasty. Further review of the claimant's right hip MRI scan of October 2012 showed the right hip to be with minimal degenerative findings. Recent plain film radiographs to the hip was not noted. As stated, there is a request for total hip arthroplasty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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: Hip and Pelvis Procedure; 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) Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: hip procedure - Arthroplasty.

**Decision rationale:** California MTUS Guidelines are silent regarding surgical processes to the hip. When looking at Official Disability Guideline criteria, surgery would not be indicated. This individual is less than 50 years old with no documentation of a body mass index or plain film radiographs demonstrating extent of underlying arthrosis. It is noted that the injured worker has failed prior conservative measures, including a prior arthroscopy. However, there is a lack of documentation of imaging demonstrating osteoarthritis, physical examination findings including a body mass index as well as the injured worker's current age of 48. Based on the Official Disability Guideline criteria for the role of the above procedure and records reviewed, this request is not medically necessary.