

Case Number:	CM14-0165135		
Date Assigned:	10/10/2014	Date of Injury:	01/15/2003
Decision Date:	11/10/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	10/07/2014

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 Montana. 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 52-year-old male who sustained fractures to the pelvis, left acetabulum, and proximal femur on 1/15/03 in an industrial accident. This required open reduction and internal fixation (ORIF) of the fractures at the time of injury. He has developed traumatic arthritis of the left hip joint over the ensuing years and reports increasing left hip pain with significant negative impact on his level of functionality in activities of daily living (ADLs). Range of motion (ROM) of the left hip is significantly decreased and painful. A 9/8/14 computed tomography (CT) of the left hip demonstrated retained hardware in the left hemipelvis and proximal femur, nonunion of the anterior acetabular fracture, deformity and avascular necrosis of the femoral head, and heterotopic ossification about the left hip. There is no documentation of the use of medications, a de-loading device such as a cane, or physical therapy (PT)/home exercise program (HEP). A left total hip arthroplasty has been requested and this was denied based on the Official Disability Guidelines (ODG) due to a lack of documentation of conservative interventions. That denial has been appealed and the treating surgeon has noted that he is of the opinion that physical therapy (PT) is likely to be of little use and may actually be harmful.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total hip replacement: 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)

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: The Medical Treatment Utilization Schedule (MTUS) and the American College of Occupational and Environmental Medicine (ACOEM) guidelines do not address total hip arthroplasty. The Official Disability Guidelines (ODG) recommend total hip arthroplasty in injured workers over 50 years of age with osteoarthritis of the hip demonstrated on imaging studies with pain and decreased range of motion (ROM) who have not responded to conservative treatment including physical therapy (PT)/ home exercise program (HEP) and medications. While it is granted the treating surgeon has recommended against physical therapy (PT), there is no documentation of a trial of other conservative treatment such as medications or an assistive device. Absent this documentation, the Official Disability Guidelines (ODG) criteria are not met and the requested left total hip arthroplasty cannot be recommended as medically appropriate.

Facility: inpatient x 3 days: 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)

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