

Case Number:	CM14-0168420		
Date Assigned:	10/16/2014	Date of Injury:	05/18/2012
Decision Date:	11/20/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/13/2014

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 Hawaii, Washington, & Maryland. 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 68-year-old male who reported an injury on 05/18/2012. The mechanism of injury was not submitted for clinical review. The diagnoses included lumbosacral spondylosis without myelopathy, sacroiliitis, spasms of muscles, dysrhythmic disorder, osteoarthritis, internal derangement of knee, lumbosacral disc, lumbago, thoracic and lumbosacral neuritis or radiculitis, and sleep disturbances. The previous treatments included medication, sacroiliac injections, and aqua therapy. In the clinical note dated 09/25/2014, it was reported the patient complained of knee pain that has become progressively worse. The patient rated his pain 10/10 in severity. He reported having trouble with shoes and socks or climbing stairs. Upon physical examination, the provider noted the patient's right hip exhibits decreased range of motion, decreased strength and tenderness. The left hip exhibits decreased range of motion, decreased strength and tenderness. The provider noted the left knee exhibited normal range of motion, no tenderness found. The provider noted the patient's hip exam revealed moderate pain with active straight leg raise bilaterally, and painful passive range of motion with full strength and stability. The left hip range of motion was noted to be flexion at 90 degrees. The provider noted the hip x-ray showed advanced osteonecrosis in both hips with collapse of femoral heads. The provider recommended a left hip replacement, given the severity of his pain, the collapse of femoral head, and the very limited mobility. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT 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 & Pelvis, Arthroplasty.

Decision rationale: The request for left total hip replacement is not medically necessary. The Official Disability Guidelines note arthroplasty are recommended when the reasonable conservative measure has been exhausted and other reasonable options have been seriously considered or implemented. Through THA there is 96% rate of postsurgical satisfaction. 1 high quality review concluded that in comparison with internal fixation, arthroplasty for the treatment for displaced femoral neck fracture significantly reduces the risk of revision surgery, but could cause greater infection rates, blood loss, and operative time and possibly an increase in early mortality rates. The indications for a hip arthroplasty include conservative care including exercise, physical therapy, or home rehab and medications. Subjective findings of limited range of motion or night time joint pain, or no pain relief with conservative care. Objective findings of over the age of 50 and body mass of less than 35, and imaging clinical findings of osteoarthritis on a standing x-ray or arthroscopy. The clinical documentation submitted failed to indicate the injured worker has tried and failed on conservative therapy. Therefore, the request is not medically necessary.