

Case Number:	CM14-0170071		
Date Assigned:	10/20/2014	Date of Injury:	09/09/1969
Decision Date:	11/26/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/15/2014

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:

66 year old male claimant with an industrial injury dated 09/09/09. Exam note 10/06/14 states the patient returns with right groin pain. Radiographs of the patient reveal osteoarthritis of the right hip. The patient explains he is very stiff and also states he has leg pain. Upon physical exam there was malunion of a prior noted periprosthetic supracondylar femur fracture on the right leg. In addition the physical examination demonstrates that there was weakness of the right hip. There is no evidence of conservative treatments attempted in the attached records. Diagnosis is noted as significant hypertrophic osteoarthritis on the right hip. Treatment includes a total right hip arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total right 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 & Pelvis (Acute & Chronic)

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: CA MTUS/ACOEM is silent on the issue of total hip arthroplasty. According to ODG, Hip and Pelvis, arthroplasty criteria described conservative care and objective findings. These must include either limited range of motion or night time joint pain. Objective findings include age greater than 50 years and BMI of less than 35. In addition there must be imaging findings of osteoarthritis on standing radiographs. In this case the cited clinic note from 10/6/14 does not demonstrate conservative care has been attempted. Therefore, the Total right hip arthroplasty is not medically necessary and appropriate.