

Case Number:	CM14-0177998		
Date Assigned:	10/31/2014	Date of Injury:	09/08/2007
Decision Date:	12/12/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/27/2014

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:

This is a 62 year old female with a 9/8/07 injury date. The mechanism of injury was a trip and fall. In a 9/15/14 follow-up, subjective complaints included continued right sided hip pain to the point where she cannot sit or drive for a long period of time. All movements aggravate her hip pain, her ADL's are compromised, and she is awakened often from sleep. She cannot tolerate NSAIDS due to gastritis. Objective findings included bilateral hip flexion to 110 degrees, internal rotation to 20 degrees, external rotation to 30 degrees, abduction to 20 degrees, adduction to 10 degrees, and painful gait. A CT pelvis from 4/3/09 revealed degenerative changes in bilateral hips consistent with osteoarthritis. There are no x-rays available for review in the documents. In follow-up notes from May 2014 to present, there is discussion of possibly starting physical therapy, acupuncture, and aqua therapy treatments, but there is no indication or documentation that any of it has actually started. A 3/21/14 note indicates that the patient is 5'5" tall and weighs 154 pounds. Diagnostic impression: bilateral hip osteoarthritis. Treatment to date: medications. A UR decision on 9/30/14 denied the request for bilateral total hip replacement because there was no summarization of prior treatment protocols or diagnostic studies, no in-depth physical examination, and overall very limited documentation. The requests for inpatient stay, 3 units of blood per side, general anesthesia, medical clearance, commode, shower chair, front wheel walker, and 7-day stay in a skilled nursing facility were denied because the associated surgical procedure was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral 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, Hip & Pelvis (updated 3/25/14)

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 Chapter--Arthroplasty.

Decision rationale: CA MTUS does not address this issue. ODG criteria for hip replacement include conservative care including medication OR Steroid injection, limited range of motion, nighttime joint pain, and no pain relief with conservative care; over 50 years of age AND Body Mass Index of less than 35; and osteoarthritis on imaging or arthroscopy report. This patient has a diagnosis of osteoarthritis of the hips and is probably a good candidate for hip replacement surgery. The patient is the appropriate age with a BMI of 25.6. However, there are a few problems with the documentation at this time. First, there are no standing pelvic x-ray reports or discussion of pelvic x-ray results. The only available imaging study is a CT pelvis from 2009, which is fine, but x-rays of the pelvis should be available as well. Second, there is very limited discussion of prior conservative treatment methods and what the duration of treatment and result was. It is not clear for how long NSAIDS were used and what the benefit was, or if a cortisone injection, physical therapy, or aqua therapy were attempted. Finally, bilateral hip replacement surgery cannot be certified all at once. The hip with the worst symptoms should be certified first, the surgery performed, and outcomes assessed--then the request for the contralateral hip surgery can be initiated. The medical necessity of the procedure is not yet established. Therefore, the request for bilateral total hip replacement is not medically necessary.

A three day inpatient stay: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Three units of autologous blood per side: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

General anesthesia: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Commode, shower chair, and front wheel walker: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

A seven day in a skilled nursing facility: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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