

Case Number:	CM14-0021313		
Date Assigned:	02/26/2014	Date of Injury:	02/08/2008
Decision Date:	07/23/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/20/2014

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 patient is a 59-year-old female with a February 8, 2008 date of injury, when the patient was kneeling and scrubbing a floor, developing pain in both knees. Treatment rendered has included physical therapy, activity modification, icing, and medication. The patient has continued left hip pain. According to the November 22, 2013 note, the patient has difficulty going on and off stairs using railing for assistance. Clinically, there was an antalgic gait; positive Trendelenburg Lurch on the left; sit-to-stand (STS) was mild, bilateral pes, and iliotibial band; mild tenderness to palpation in the bilateral pes and iliotibial band. A hip replacement was requested. There was reduced range of motion in the left hip; full strength; and no ligamentous laxity. The patient was recommended to continue with modified work on January 15, 2014.

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: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

Decision rationale: This request previously obtained an adverse determination due to lack of documented response to home exercises, and current BMI. The ACOEM Practice Guidelines

recommend hip replacement for symptoms of severe hip degenerative joint disease that cannot be managed with other non-operative treatments. The patient has ongoing hip pain and reduced range of motion. However, there remains no documentation of response to rendered conservative treatment, as well as a comprehensive description of treatment specifically for the left hip. There is no discussion of a steroid injection. There is no imaging, including weight-bearing films, evaluating the extent of osteoarthritic changes and the joint space. Furthermore, the issues of home exercises and a current BMI have not been addressed. Therefore, the request is not medically necessary.

3 DAY INPATIENT STAY: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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 (Hospital length of stay).

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

COLD THERAPY 2 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG) Knee chapter; Cryotherapy.

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

IN HOME PHYSICAL THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

24 OUTPATIENT PHYSICAL THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

LABS: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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.

EKG: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter; Preoperative electrocardiogram (ECG).

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

CHEST X-RAY (CRX): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter (preoperative testing, general)See Preoperative electrocardiogram (ECG); & Preoperative lab testing.

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

MEDICAL PRE-OPERATIVE CLEARANCE: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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.