

Case Number:	CM14-0024378		
Date Assigned:	06/11/2014	Date of Injury:	03/06/2013
Decision Date:	07/15/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/26/2014

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 Surgeon 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 injured worker is a 52-year-old female who reported an injury on 03/06/2013. The mechanism of injury was not specifically stated. The primary diagnosis is osteoarthritis of the right hip. The injured worker was evaluated on 01/22/2014. The injured worker reported persistent right knee and hip pain. Previous conservative treatment includes a corticosteroid injection. Physical examination revealed an antalgic gait, 5/5 motor strength, positive log roll testing, limited hip range of motion and limited knee range of motion. Treatment recommendations at that time included ongoing weight loss and a referral for hip surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT HIP REPLACEMENT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL 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 & Pelvis Chapter, Arthroplasty.

Decision rationale: The Official Disability Guidelines state that prior to a hip arthroplasty, conservative treatment should include exercise therapy and medication management or steroid

injection. There should be documentation of limited range of motion or nighttime joint pain. The patient should maintain a body mass index of less than 35. There should also be evidence of osteoarthritis on standing x-ray or documented in a previous arthroscopy report. As per the documentation submitted, the injured worker has been previously treated with a corticosteroid injection. However, there is no mention of an attempt at conservative treatment, to include exercise therapy and medication management. There were also no imaging studies provided for review. Additionally, the injured worker is currently undergoing a weight loss program to reduce body mass index. Based on the clinical information received and the Official Disability Guidelines, the request is not medically necessary.