

Case Number:	CM14-0025777		
Date Assigned:	06/20/2014	Date of Injury:	02/03/2004
Decision Date:	10/03/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/28/2014

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 Pennsylvania. 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 51-year-old gentleman who was injured when his car was struck by a big rig on 02/03/04. The office note dated 02/07/14, noted complaints of progressive worsening left hip pain as well as lateral hip pain. The records documented that the claimant understood he had significant osteoarthritis and total hip replacement was recommended. Physical examination revealed a mildly antalgic gait, minimal tenderness over the greater trochanteric region, and pain with resisted flexion of the left hip. The left hip showed decreased flexion of about 90 degrees and pain with decreased internal rotation as well as external rotation. Diagnosis was documented as severe left hip osteoarthritis with possible superimposed avascular necrosis of the left femoral head. X-rays, obtained at that visit, showed severe left hip osteoarthritis with bone on bone contact, focal sclerosis and flattening of the left femoral head. Subchondral cysts were seen. Degeneration of the right hip was noted without hip cartilage space narrowing. Visualized sacral arches and pelvic rings were intact. The medical records documented that conservative treatment has included formal acupuncture. The office visit dated 04/03/13, documented that the claimant's BMI was 29.82. This request is for a left total hip arthroplasty through an anterior approach.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left total hip arthroplasty through an anterior approach: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability 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 California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. The Official Disability Guidelines recommend total hip arthroplasty if documentation supports that the claimant has attempted, failed and exhausted conservative treatment in the form of exercise therapy and medications and has documented limited range of motion, nighttime pain, or no pain relief with conservative care. The claimant should also note to be over 50 years of age and have a body mass index of less than 35. The medical records provided for review do not confirm that the claimant has attempted, failed and exhausted conservative treatment of anti-inflammatories, Tylenol, muscle relaxers and narcotic medication, or physical therapy, which is recommended prior to considering total hip arthroplasty. In addition, there is no documentation of the claimant's most recent BMI, the most recent documented BMI is from April, 2013, and it would be imperative to know the BMI prior to considering the medical necessity of the surgery. Therefore, based on the documentation presented for review and in accordance with the Official Disability Guidelines, the request for the left total hip arthroplasty cannot be considered medically necessary.

Inpatient stay times 2-3 days: 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.