

<b>Case Number:</b>	CM14-0026724		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	05/01/2008
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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, has a subspecialty in 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 67-year-old gentleman injured in a work-related accident on 5/1/08. The clinical records for review include a recent progress report dated 11/11/13 indicating continued complaints of both low back pain as well as right hip pain. Physical examination with respect to his hip is with significantly diminished range of motion and strength. It states that the claimant is with end stage degenerative changes of the right hip on radiological assessment, and total hip arthroplasty was recommended. Formal documentation of imaging is not noted. While the claimant is noted to be with continued complaints of pain, there is also no documentation of recent conservative care or conservative care since the time of injury in regard to his hip. A surgical request in the form of arthroplasty is being recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT TOTAL 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 Procedure - Arthroplasty.

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

Disability Guidelines Treatment In Worker's Comp , 18th Edition, 2013 Updates: Hip Procedure  
- Arthroplasty.

**Decision rationale:** MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, the surgical process cannot be supported. While subjectively the claimant is with continued complaints about the hip, there is no documentation of imaging, conservative care, or treatment that is recently noted to support the acute need of operative intervention. The absence of this information would fail to necessitate hip arthroplasty at this time. Therefore the request is not medically necessary.