

<b>Case Number:</b>	CM14-0028903		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/17/2003
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 54-year-old female sustained an industrial injury on 5/17/03. The injury occurred when she was struck by equipment. Past surgical history included left total knee arthroplasty on 11/18/11. The 12/18/13 treating physician report cited right hip pain. She ambulated with a walker in a slightly flexed posture. She was unable to toe or heel walk. She had difficulty standing independently due to instability. There was weakness of the right hip flexors, extensors, and internal/external rotators. The 1/16/14 agreed medical examiner (AME) report documented right hip pain, located in the groin and laterally, radiating down the anterior thigh to the knee. All weight bearing activities and prolonged sitting increased pain; she had pain at night and at rest. She ambulated with a walker due to hip pain. Functional difficulty was noted in donning/doffing shoes and socks and engaging stairs. Physical exam documented marked right antalgic gait and severe pain at end-range right hip motion. Hip range of motion testing documented extension 0, flexion 90, abduction 15, adduction 10, internal rotation extension 20, and external rotation extension 20 degrees. There was marked tenderness in the right groin and diffusely around the right lateral hip. X-rays on 4/15/13 showed severe degenerative joint disease.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT HIP TOTAL ARTHROPLASTY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS Guidelines for the hIp, Pelvis, and thigh, and Official Disability Guidelines <http://www.odg-disability.com/odgtwclist.htm>.

**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 Pelvic, Arthroplasty.

**Decision rationale:** The California MTUS does not provide recommendations for hip surgery. The Official Disability Guidelines recommend total hip arthroplasty when all reasonable conservative measures have been exhausted and other reasonable surgical options have been seriously considered or implemented. Criteria include exercise therapy (supervised physical therapy and/or home rehab exercises) and medications (unless contraindicated non-steroidal anti-inflammatory drugs or steroid injection). Subjective findings should include limited range of motion, or night-time joint pain, or no pain relief with conservative care. Objective findings should include over 50 years of age and body mass index less than 35. Imaging findings of osteoarthritis on standing x-rays or arthroscopy are required. Guideline criteria have not been met. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. Counseling regarding weight reduction is noted in the file with no documentation of height, weight, or body mass index. Therefore, this request is not medically necessary.

**Duragesic patches 25 mcg/hour number ten (10): 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 (3) day hospital 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.