

Case Number:	CM14-0044428		
Date Assigned:	07/02/2014	Date of Injury:	05/17/2012
Decision Date:	08/05/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/19/2014

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 Texas. 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 64-year-old female who reported an injury on 05/17/2012. The mechanism of injury was not stated. Current diagnoses include sprain of the hip, aseptic necrosis of the head and/or neck of the femur, current tear of the lateral cartilage and/or meniscus of the knee, knee and leg sprain, and localized primary osteoarthritis of the pelvic region and thigh. The injured worker was evaluated on 01/27/2014 with complaints of persistent knee and hip pain. Physical examination on that date revealed tenderness of the greater trochanter, tenderness of the hip flexor muscles, limited left hip range of motion, and 5/5 strength. Treatment recommendations at that time included a magnetic resonance imaging (MRI) of the left hip and a total hip arthroplasty if necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left 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 (ODG), Hip and Pelvis Chapter, Arthroplasty.

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: Official Disability Guidelines state prior to a hip arthroplasty, conservative treatment should include exercise therapy and medications or steroid injections. There should be documentation of limited range of motion, nighttime joint pain, or an exhaustion of conservative treatment. Patients should be over 50 years of age with a body mass index of less than 35. There should also be evidence of osteoarthritis upon standing x-ray or previous arthroscopy. As per the documentation submitted, there is no mention of an attempt at any conservative treatment prior to the request for an arthroplasty. It is also noted that the injured worker was pending an MRI of the left hip. Based on the clinical information received and the Official Disability Guidelines, the request is not medically necessary.