

<b>Case Number:</b>	CM14-0049736		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	04/15/2010
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 51-year-old male who reported an injury on 04/15/2010. The mechanism of injury was not stated. Current diagnoses include status post right total knee replacement and AVM with significant arthritic collapse of the right hip. The injured worker was evaluated on 12/31/2013 with complaints of significant stiffness in the anterior thigh and hip. The physical examination revealed significant lack of motion of the hip. Treatment recommendations at that time included a total hip replacement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 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 and Pelvis Chapter, Arthroplasty and Length of Stay. Indications for Surgery--Hip 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 injection. There should be

evidence 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 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 for the right hip prior to the request for an arthroplasty. There were no imaging studies, arthroscopic reports, or plain films submitted for this review. The injured worker's body mass index was not provided. There was no documentation of a significant functional limitation. Based on the clinical information received and the Official Disability Guidelines, the request is non-certified.

**3 Days of inpatient 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.

**Pre-operative medical clearance: 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.

**6 in home physical therapy visits: 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.