

Case Number:	CM14-0051780		
Date Assigned:	07/07/2014	Date of Injury:	08/24/2005
Decision Date:	09/09/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/18/2014

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 58-year-old female who reported an injury on 08/24/2005 after she jumped into a moving vehicle to attempt to stop it. The injured worker reportedly sustained an injury to her hips. The injured worker underwent total left hip replacement followed by conservative therapy for the right hip to include physical therapy, medications, activity modifications, and steroid blocks. The injured worker underwent an MRI of the right hip on 10/25/2013. It was noted that the injured worker had mild joint space reduction and articular irregularity with an unremarkable labrum. At that time there was no evidence of a vascular necrosis. A Request for Authorization for right total hip arthroplasty was submitted on 04/02/2014. However, no documentation from that date of service was submitted. The injured worker was evaluated on 06/17/2014. Physical findings included right hip flexion limited to 90 degrees with a 5% flexion contracture, internal rotation at 15 degrees, external rotation at 20 degrees, abduction at 50 degrees and adduction at 15 degrees. There was tenderness to palpation over the trochanteric bursa and severe pain with internal and external rotation, and a positive Trendelenburg test. The injured worker's diagnoses included lumbar spine sprain/strain, left hip sprain/strain, status post total hip arthroplasty, degenerative joint disease of the right knee, right renal abnormality, status post gastric bypass, status post lightning strike, and end stage degenerative joint disease, and osteoarthritis of the right hip. The injured worker's treatment plan included total right hip arthroplasty due to severe degenerative joint disease and the development of a vascular necrosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient right total hip arthroplasty: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - 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 and Pelvis Chapter, Arthroplasty.

Decision rationale: California Medical Treatment Utilization Schedule does not address this request. Official Disability Guidelines recommend total hip arthroplasty for patients with significant limitations that have failed to respond to conservative treatment and are supported by an imaging study. The clinical documentation submitted for review does indicate that the injured worker has mild osteoarthritis of the left hip. This is not supportive of the severe clinical examination findings. As the clinical documentation is not correlative with the imaging study, surgical intervention would not be supported. As such, the requested inpatient right total hip arthroplasty is not medically necessary or appropriate.