

Case Number:	CM14-0051925		
Date Assigned:	07/07/2014	Date of Injury:	08/06/2013
Decision Date:	08/06/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/21/2014

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 06/06/2013 due to accumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to his lumbosacral spine and bilateral hips. The injured worker's treatment history included physical therapy. The injured worker was evaluated on 02/18/2014. The physical examination documented a positive Trendelenburg sign at the left hip with significant loss of hip rotation and pain on any hip range of motion. It was also noted that the injured worker had undergone an x-ray that demonstrated a complete loss of joint space at the left hip. The injured worker's diagnoses included degenerative arthritis of the left hip. A request was made for a total left hip replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left total hip replacement: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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, Hip Arthroplasty.

Decision rationale: The requested left hip replacement is medically necessary and appropriate. California Medical Treatment Utilization Schedule does not specifically address hip injuries. Official Disability Guidelines recommend hip replacement for patients who have severe functional deficits supported by an imaging study that have failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has failed to respond to conservative treatment to include physical therapy and medications. Additionally, it is noted that there is a significant loss of hip rotation and pain with any hip motion which is supported by the pathology identified upon x-ray. Due to the degenerative nature of the disease process and a significant loss of function and joint space at the left hip, it is unlikely that further conservative treatment would contribute to functional restoration of the injured worker. Therefore, a total hip replacement would be indicated. As such, the requested left total hip replacement is medically necessary and appropriate.

Internal medicine consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative testing (general).

Decision rationale: The requested internal medicine consultation is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address preoperative testing. Official Disability Guidelines recommend preoperative testing for patients who are undergoing an intermediate risk surgical procedure with complicating factors that can contribute to intraoperative or postoperative complications. The clinical documentation submitted for review does indicate that the injured worker is a candidate for a hip replacement which is considered an intermediate risk surgical procedure according to Official Disability Guidelines. However, the clinical documentation fails to provide any comorbidities that would contribute to intraoperative or postoperative complications. Therefore, the need for preoperative lab testing is not supported. As such, the requested internal medicine consultation is not medically necessary or appropriate.