

Case Number:	CM14-0059026		
Date Assigned:	07/09/2014	Date of Injury:	12/20/2010
Decision Date:	09/29/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/29/2014

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:

The patient is a 60 year old male who sustained an industrial injury on 12/20/2010. He has complaints of low back and pains. Treatment has included chiropractic in 2011, physical therapy, medications, and cortisone injections. According to the PR-2 dated 2/18/2014, the patient presents with complaints referable to the right hip. He is seen under future medical care. He was seen by QME and diagnosed with right hip trochanteric bursitis and lumbosacral HNP. He has pain lying on the right side, and it bothers him walking up stairs and uphill. Pain is rated 8/10. He states low back and hip pain are increasing. Treatment to date has included physical therapy and medication. Diagnostic studies to date include x-rays and EMG. He is not currently working. Current medications are glyburide, hydrochlorothiazide, januvia, lisinopril, metformin, simvastatin, viodin ES, motrin 800, and vicodin 7.5/325 mg. Physical examination documents he is 5'10", weighs 253 lbs, BMI 36.33, B/P 155/82, no apparent distress, mood and affect are appropriate, right hip decreased ROM internal rotation 0 degrees, 2+ limp. Radiographs taken in the office, 2 views of the right hip, reportedly show endstage right degenerative joint disease of the right hip. The patient underwent an orthopedic AME on 2/19/2014. He complains of constant lower back pain across the entire back with radiation to the buttocks and down the legs to the feet, worse on the left. Back pain is worse than the buttock pain. He also reports constant right hip pain and intermittent left hip pain, as well as intermittent right foot pain. Past surgery includes left knee arthroscopy in 2002 and right foot bunionette surgery in 2/2013. He has diabetes mellitus and hypertension controlled with medications. He has not returned to work since 9/2013. Physical examination reveals patient is very overweight, able to get on/off examining table without difficulty, has mildly antalgic gait. Trendelenburg test is negative, lumbar ROM is limited, reflexes are unobtainable, pulses are equal, sensory is intact, motor strength 5/5 bilaterally. Hip ROM right/left degrees is 96/97 flexion, 0/0 extension, 33/37

abduction, 26/24 adduction, 41/49 external rotation, and 13/22 degrees internal rotation. There is mild to moderate tenderness in the groin, moderate tenderness at the greater trochanter, Faber's is moderately positive, and no popping/clicking with ROM. There is minimal tenderness of the left greater trochanter. X-rays of the hips, AP and frog views, reveals evidence of mild arthritis of both hips. Diagnoses of the hips is mild primary and post-traumatic arthritis of the right/left hip associated with greater trochanteric bursitis. Per the AME, the patient has 3 mm joint space bilaterally which would be considered mild arthritis, and this would not make him a surgical candidate for total hip replacements, especially in view of his severe obesity.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 ODG(The Official Disability Guidelines), Hip and Pelvis (2014) 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, Athroplasty.

Decision rationale: According to the guidelines hip arthroplasty is recommended when all reasonable conservative measures have been exhausted and other reasonable surgical options have been seriously considered or implemented. In the case of this patient, radiographs of the hip obtained and reviewer, per the 2/19/2014 AME reveal only mild arthritis. Additionally, the patient demonstrates no significant findings of functional deficits on physical examination, and failure/exhaustion of conservative care has not been established. More importantly, based on the absence of diagnostic evidence of significant osteoarthritis, and given the patient's obesity BMI greater than 35, he is not an appropriate candidate for hip arthroplasty.