

Case Number:	CM14-0060592		
Date Assigned:	07/09/2014	Date of Injury:	06/29/2013
Decision Date:	08/08/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/01/2014

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 Orthopaedic 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 injured worker is a 55-year-old male firefighter who reported an industrial injury to the right hip and low back on 6/29/13 with persistent bilateral lower extremity and tight hip pain despite conservative treatment. He underwent L4-5 and L5-S1 microdiscectomies on 1/23/14 to address herniated discs at those levels, but his right hip pain persisted. He has had a course of physical therapy for his right hip, but is unable to continue due to worsening right hip pain. Medications, activity modification, deloading with a cane and a right hip steroid injection have not provided significant relief. The right hip injection was done with a local anesthetic and did localize his pain to the right hip. The injured worker reports nocturnal awakening, inability to stand or walk for more than 10 minutes and significant negative impact in his functionality in activities of daily living due to his hip complaints. Plain films of the right hip and pelvis on 12/9/2013 demonstrated moderate-to-severe osteoarthritis of the right hip with cam impingement. The injured worker has significantly decreased range of motion to the right hip compared to the left in all planes along with positive right hip impingement signs and positive Patrick's test. He is 6' 3 and 235 pounds. He has not returned to work due to his persistent right hip pain and decreased ambulatory and lifting capacity. Right total hip arthroplasty with a 1-3 day inpatient stay was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right anterior total hip arthroplasty inpatient stay up to 1-3 days: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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, Arthroplasty Official Disability Guidelines (ODG), Hip & Pelvis, Hospital Length of Stay.

Decision rationale: The American College of Occupational and Environmental Medicine guidelines for the hip recommend this hip surgery for inflammation of the hip that negatively impacts activities of daily living after failure of conservative treatment including physical therapy, activity modification, devices for recovery, injections, and the use of medication. The injured worker has failed all of these options and has moderate-to-severe osteoarthritis on imaging studies. The Official Disability Guidelines state that this hip surgery may be considered for the treatment of inflammation under the criteria for hip joint replacement. The requirements are conservative care, subjective clinical findings, objective clinical findings, and imaging clinical findings. All requirements were met as all interventions were documented as having been trialed and failed. All of these findings are documented as being present, the patient is 55 years old and body mass index is 29.5, and he is documented as moderate to severe on plain films of the right hip and pelvis. As the patient meets both the American College of Occupational and Environmental Medicine and Official Disability Guidelines criteria for total hip arthroplasty, the right total hip arthroplasty is recommended for certification. The Medical Treatment Utilization Schedule and Official Disability Guidelines do not address the length of hospital stay. The Official Disability Guidelines state the best practice target for length of stay following total hip arthroplasty is 3 days with a mean of 3 day and median of 3.6 day stay. The requested length of stay is within the best practices target of the Official Disability Guidelines and is recommended for certification. This was denied by the carrier based on lack of documentation of end stage osteoarthritis of the hip, use of a cane or other deloading device and a body mass index of over 30. Additional information now provided indicates the patient has moderate to severe osteoarthritis of the right hip on imaging studies, has an antalgic gait with the use of a cane and a body mass index of over 30. He now meets the American College of Occupational and Environmental Medicine and Official Disability Guidelines for total hip arthroplasty. Therefore, the right anterior total hip arthroplasty inpatient stay up to 1-3 days is medically necessary.