

<b>Case Number:</b>	CM14-0074283		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	03/11/2013
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 55-year-old male who reported an injury on 03/11/2013. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to his cervical spine, lumbar spine, thoracic spine, and left hip. The injured worker's treatment history included physical therapy, epidural steroid injections, pain management consultation, and multiple medications. The injured worker underwent an MRI of the left hip on 04/01/2014. It was documented that the injured worker had very severe osteoarthritis and chondromalacia with left labrum tearing. The injured worker was evaluated on 04/30/2014. It was noted that the injured worker had persistent left hip pain radiating down the left leg. The injured worker's objective findings included restricted and painful left hip joint range of motion with an antalgic gait pattern and 4/5 motor strength of the left anterior tibialis and peroneal and posterior tibialis. The injured worker's diagnoses included lumbar disc protrusion and stenosis at the L4-5 and L5-S1 and left hip arthrosis. The injured worker's treatment plan included left hip replacement, pain management for the lumbar spine to include a trial of epidural steroid injections, and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior Left Hip Replacement with MPN Physician QTY:1:** Upheld

**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 and Pelvis Chapter, Arthroplasty.

**Decision rationale:** The California Medical Treatment Utilization Schedule does not specifically address hip replacement. The Official Disability Guidelines recommend left hip replacement for injured workers who have significantly limited physical examination findings consistent with pathology identified on an imaging study that has failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has been treated conservatively and has failed to respond to that treatment. However, although it is noted within the documentation that the injured worker has undergone an MRI in 04/2014, an independent report of that MRI was not provided for review. Additionally, a concurrent request is for an orthopedic specialist. The results of that specialty consultation would need to be provided prior to consideration of surgical intervention. As such, the requested anterior left hip replacement with MPN physician quantity 1 is not medically necessary or appropriate.

**Referral to [REDACTED] for pain management QTY:1:** Upheld

**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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) 7, page(s) 127.

**Decision rationale:** The American College of Occupational and Environmental Medicine recommends specialty consultations to include pain management when the injured worker has a complicated diagnosis that would benefit from additional expertise to assist for treatment planning. However, the clinical documentation submitted for review does indicate that the injured worker has already undergone a pain management consultation and received epidural steroid injections from that physician. Therefore, the need for an additional pain management referral would be considered redundant. There was no explanation given of why the injured worker would need to be seen by 2 different pain management specialists. As such, the requested referral to [REDACTED] for pain management quantity 1 is not medically necessary or appropriate.

**Physical Therapy (frequency and duration not provided) QTY:1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, page(s) 98-99 Page(s): 98-99.

**Decision rationale:** The California Medical Treatment Utilization Schedule does recommend physical medicine for patients with pain complaints, and weakness and range of motion deficits. The clinical documentation does indicate that the injured worker has pain and functional deficits

that would benefit from physical medicine. However, the request does not provide a specified body part or frequency and duration. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested physical therapy (frequency and duration not provided) quantity 1 is not medically necessary or appropriate.

**Consult/Evaluation with an ortho hip specialist QTY:1:** 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) 7, page(s) 127.

**Decision rationale:** The American College of Occupational and Environmental Medicine recommends specialty consultations for injured workers who have complicated diagnoses that would benefit from specialty consultation to assist with treatment planning. The clinical documentation does indicate that the injured worker has significant findings of osteoarthritic hip pain that have failed to respond to conservative treatments. Therefore, the addition of a specialty consultation would be indicated in this clinical situation. As such, the requested consult/evaluation with an ortho hip specialist quantity 1 is medically necessary and appropriate.