

Case Number:	CM14-0090518		
Date Assigned:	07/23/2014	Date of Injury:	04/20/2011
Decision Date:	08/28/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/16/2014

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 Surgeon and is licensed to practice in New York. 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 sustained a work-related injury. He has left hip pain. Conservative measures included anti-inflammatory medications, physical therapy. Physical examination the left hip reveals reduced range of left hip motion. There is administrator leg raise on the left lower extremity as a result of left acetabular femoral joint pain. X-rays of left hip revealed 2 mm cartilage interval with evidence of osteoarthritis. MRI of the left hip from January 2014 reveals advanced subchondral cysts of the left femoral head. Diagnoses include left hip strain with superimposed left hip arthritis. However, the medical records indicate that the patient's cares to be transferred to another total hip surgeon who is not yet evaluated the patient. At issue is whether left total hip surgeries medically necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total left hip replacement surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), hip and pelvis 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 Criteria for joint replacement:.

Decision rationale: This patient has not met the criteria for left total hip surgery. The patient is noted that severe left hip pain. Documentation does note decreased range of motion of the left hip an antalgic gait. X-rays do reveal osteoarthritis. The medical records indicate a plan to transfer care to her different surgeon for the total hip arthroplasty. The different surgeon has not yet evaluated the patient and the medical records. The surgeon should first evaluate the patient prior to deciding whether total joint replacement surgery should be performed by him or her. At this time there is no documentation of the consultation with a different surgeon was to perform the operation. Consultation with this different surgeon must occur in the plan to perform total hip surgery should be documented. At this time there is no such documentation in the surgery is not yet medically necessary according to guidelines.

Preoperative medical clearance, EKG, chest xray, and labs: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post operative physical therapy 3 times a week for 4 weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.