

Case Number:	CM14-0092325		
Date Assigned:	07/25/2014	Date of Injury:	01/03/2012
Decision Date:	08/28/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/18/2014

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 57-year-old female who reported injury on 01/03/2012 after a trip and fall. The injured worker reportedly sustained an injury to her low back and right hip. Her treatment history has included physical therapy, acupuncture, chiropractic care and hip arthroplasty. The injured worker had persistent right hip pain following surgical intervention. She was evaluated on 05/06/2014 with low back pain complaints that radiated into her right buttock. The injured worker reported pain levels rated at 10 out of 10, exacerbated by any type of movement. Physical findings on exam included restricted range of motion of the lumbar spine with a negative straight leg raising test bilaterally. However, an assessment of the injured worker's right hip was not provided. The injured worker was evaluated on 04/08/2014. It was noted that the injured worker had been provided an intra-articular hip injection to assist with pain control. Physical findings on exam of the right hip included tenderness of the anterior aspect of the hip with a positive impingement sign and range of motion described as 90 degrees in flexion and 30 degrees in an internal and external rotational arc. The injured worker's diagnoses include right hip pain, status post decompression and labral debridement, and lumbar degenerative disc disease needing pain management. A request was made for a total right hip replacement with an assistant surgeon and a cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total Right Hip Replacement w/Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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 and Pelvis Chapter, Arthroplasty.

Decision rationale: The requested total right hip replacement with an assistant surgeon is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address this request. The Official Disability Guidelines recommend total hip replacements for injured workers who have exhausted all lower levels of treatment and who show evidence of significantly limited functionality on physical examination and imaging study. The clinical documentation submitted for review does not provide any type of imaging study that supports that the injured worker has severe osteoarthritis of the right hip that would benefit from a hip replacement. Additionally, it is noted that the injured worker received an intra-articular injection in 04/2014. The results of that injection were not addressed within the documentation submitted. Furthermore, the clinical documentation submitted for review does indicate that the injured worker has significant low back pain. The clinical documentation does not sufficiently rule out the low back as a pain generator for the injured worker's right hip. Therefore, a total hip replacement would not be indicated in this clinical situation. As such, the requested total right hip replacement with assistant surgeon is not medically necessary or appropriate.

Cold Therapy Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Post Op, Cold Therapy Unit.

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.