Case Number:	CM14-0101957		
Date Assigned:	07/30/2014	**Date of Injury:**	02/14/2012
Decision Date:	03/06/2015	**UR Denial Date:**	06/18/2014
Priority:	Standard	**Application Received:**	07/02/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Minnesota, Florida
Certification(s)/Specialty: Orthopedic Surgery

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 45 year old male with a reported industrial injury on February 14, 2012, the mechanism is reported as the injured worker was moving a movie set wall and he felt a sudden sharp stabbing pain when he couldn't hold the weight. The injured worker was seen on May 22, 2014, for orthopedic evaluation. The presenting complaints included low back/let hip pain that is constant, the pain radiates to the left side of the hip and leg. The pain is accompanied with sharp stabbing, cramping and throbbing pain and there is tightness and stiffness in the back. The pain is aggravated by repetitive and prolonged standing, walking or repetitive activity or movement. Alleviating factors are stretching, rest, heat pads and pain medication. The injured worker reports his activity of daily living has been affected by the pain and the pain affects his sleep. The physical exam revealed extremely antalgic gait upon standing from a seated position which improved with walking back and forth although still had an antalgic gait on the left. The diagnostic studies have included X-rays, Magnetic resonance imaging (MRI) on March 4, 2012 of the low back, electromyogram (EMG) and nerve conduction study on March 5, 2012 which were normal and on January 23, 2014 a whole body scan was done which revealed, nonspecific subtle increased blood flow and blood pool activity about the patient's left hip prosthesis region, in addition to heterogeneous mild to moderate increased tracer uptake surrounding the left hip femoral prosthesis component on delayed phase images. Although loosening of the patient's femoral prosthesis component is possible, up to 20% of joint prostheses may demonstrate persistent increased tracer uptake up to a year after replacement (this prosthesis is approximately 1 year old). In addition consider repeat 3 phase bone scan of the pelvis/hips in six months to a

year. The medical treatment has been physical therapy seven sessions which he noted as being somewhat helpful, left hip replacement surgery in January of 2013; lumbar epidural injection which he indicates helped temporally and Norco. Diagnoses are sprain/strain lumbar spine and lose prosthesis. The treatment recommendations were physical therapy, chiropractic and/or acupuncture for the low back, pain management evaluation and treatment to monitor his medication usage and close monitoring with urine toxicology testing and if confirmed the left hip prosthesis hardware is loosening then a revision of the total hip replacement. The injured worker remains temporarily totally disabled. A X-ray of the pelvis was done on June 3, 2014 which revealed Osteoarthritis right hip and status post total hip replacement on the left well seated in appearance. On June 6, 2014 the injured worker was seen for a second opinion consultation which the treatment plan included blood work, bone scan to determine loosening and consideration of revision surgery as indicated. On June 9, 2014, the provider requested Left total hip replacement revision, on June 18, 2014, the Utilization Review non-certified Left total hip replacement revision, the decision was based on the California Medical treatment utilization schedule (MTUS) guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT TOTAL HIP REPLACEMENT REVISION: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Section: Pelvis and Hip, Topic: Revision total hip arthroplasty

Decision rationale: The injured worker is a 44-year-old male who underwent a total hip arthroplasty of the left hip on January 20, 2013. Documentation indicates that the injured worker also has low back pain but there is no evidence of radiculopathy in the left lower extremity. The lumbar MRI scan and EMG and nerve conduction studies do not support the possibility of a left sided radiculopathy. He complains of persisting pain in the left lower extremity associated with painful weightbearing, and an antalgic gait. His symptoms are suggestive of loosening of the femoral component. He underwent a bone scan which showed subtle increased uptake around the femoral stem which may be consistent with loosening but is also seen in 20% of asymptomatic hip replacement patients for 1 year. His bone scan was done over one year after surgery. The provider has requested laboratory workup for possible infection but the results are not documented. He has requested a revision total hip arthroplasty. The request was noncertified by utilization review based upon one set of x-rays that revealed the prosthesis to be well-positioned with no evidence of loosening on that film. The reviewer also reported a conflict with the infection workup and recommendation for revision surgery. Although thigh pain is seen after a total hip arthroplasty, it is not common one year after the surgery. The documentation provided supports the clinical impression of loosening which is also consistent with the bone scan findings. The injured worker has chronic pain and there is demonstrable atrophy of his

thigh which is an objective evidence of the same. The antalgic gait is another manifestation of the same. ODG guidelines recommend revision total hip arthroplasty for failed hip replacement. It is a reasonably safe and effective procedure. The most common reason for revision after total hip arthroplasty is aseptic loosening of prosthetic parts, infection, dislocation, and fracture. There is a 96% rate of postsurgical satisfaction after a total hip arthroplasty. Based on the ODG guidelines, the request for a revision hip arthroplasty of the left hip is supported and as such, the medical necessity is substantiated.