

Case Number:	CM14-0180483		
Date Assigned:	11/05/2014	Date of Injury:	02/20/2013
Decision Date:	03/11/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/30/2014

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: New York
 Certification(s)/Specialty: Neurological 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 55 year old male injured worker suffered and industrial injury on 2/20/2013 while in the capacity as a delivery man, he was pushing a large container of milk when he fell on his buttocks. He has been off work since 02/5/2013 and underwent a right hip total arthroplasty on 07/23/2014. He had a history of gouty arthritis and had chewed a can of tobacco a day for years. MRI of his right hip on 04/24/2014 notes artefact due to movement which required multiple views but showed severe right hip arthrosis and hip effusion. The further details of the injury were not included in the medical records provided. There was mention that the injured worker had completed 6 - 8 courses of physical therapy without mention of the outcome. The injured worker had a right total hip replacement on 7/23/2014. The office visit on 8/1/2014 mentioned the plan was to proceed to have the left hip replacement round Thanksgiving. The provider visit of 9/2/2014 did not include any objective findings for the left hip and mentions the exam was limited due to pain. There also was no mention of failed conservative therapy for the left hip osteoarthritis. The UR decision on 10/22/2014 was to non-certify the request for total left hip replacement as the documentation provided did not include a focal examination nor any imaging findings that are required for surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left total hip arthroplasty: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - Hip Arthroplasty

Decision rationale: ODR guidelines for hip arthroplasty recommend all reasonable conservative measures should be exhausted before considering surgery. The injured worker should have failed a reasonable program of directed physical therapy and a home exercise program. Documentation does not show evidence of the above. Evidence of hip pathology which would respond to arthroplasty is not present. Authorization of a left hip arthroplasty is not medically reasonable or necessary.

Associated surgical service: Pre-op medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation A total hip arthroplasty is not recommended and thus the associated surgical service of a preop clearance is not necessary.

Decision rationale: A total hip arthroplasty is not recommended and thus the associated surgical service of a preop clearance is not necessary.

Associated surgical service: Pre-op 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, Low Back, Preoperative Lab Testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation A total hip arthroplasty is not recommended and thus the associated surgical service of a preop clearance is not necessary.

Decision rationale: A total hip arthroplasty is not recommended and thus the associated surgical service of a preop clearance is not necessary.

Associated surgical service: Hospital stay x 2-3 days: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation A total hip arthroplasty is not recommended and thus the associated surgical service of a preop clearance is not necessary.

Decision rationale: A total hip arthroplasty is not recommended and thus the associated surgical service of a preop clearance is not necessary.