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| Case Number: | CM14-0195496 | | |
| Date Assigned: | 12/03/2014 | Date of Injury: | 12/10/2012 |
| Decision Date: | 01/28/2015 | UR Denial Date: | 10/29/2014 |
| Priority: | Standard | Application Received: | 11/24/2014 |

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 California. 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 53-year-old male with a reported industrial injury on December 10, 2012. In a 10/19/14 note, the patient complained of severe pain in the left hip as well as the right hip. He reported that he has been favoring his right hip and he feels he has been putting excess weight on the left hip. The injured worker uses crutches to get around and is limited to indoors only and has difficulty with going up and down stairs. The pain is described as severe bilaterally in the hips. The physical exam revealed limited gait pattern, wide stance, flexion decreased, minimal external rotation and no internal rotation. He has decreased abduction and adduction bilaterally. The diagnostic studies and medical treatment was not provided in the available medical records. Diagnoses are osteoarthritis of the right hip. The treatment plan was to consider a right total hip replacement, pelvis, left and right hip X-rays. On October 29, 2014 the Utilization Review non-certified the requested treatment the decision was based on guideline criteria have not been met as evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. In addition, in an 11/4/14 UR appeal decision letter, all of the previous denials were reversed, and the total hip arthroplasty and related requests were certified. The letter acknowledged that the request for "hip neurolysis" was made in error and approved a modified request for "hip arthroplasty" and all of the related post-operative services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Total Hip Neurolysis under Fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Occupational Medicine Practice Guidelines, APG 1 Plus, 2009 and Official Disability Guidelines (ODG); ODG Treatment; Integrated Treatment/Disability Duration Guidelines

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: CA MTUS does not address this issue. ODG criteria for hip replacement include conservative care including medication or steroid injection, limited range of motion, nighttime joint pain, and no pain relief with conservative care; over 50 years of age and Body Mass Index of less than 35; and osteoarthritis on imaging or arthroscopy report. However, the request as written on the RFA is for "hip neurolysis" but it is clear from the clinical documentation that the provider wishes to proceed with "hip arthroplasty." In addition, the previous UR denial was already reversed in a recent UR appeal decision on 11/4/14. There was no documentation that would support the necessity for a "hip neurolysis." Therefore, the request for right total hip neurolysis under fluoroscopy is not medically necessary.

Associated surgical service: Intra-operative X-ray: Upheld

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

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.

Associated surgical service: Inpatient Stay times 3: Upheld

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

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.

Pre-op Clearance:

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

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.

Associated surgical service: Home Health Nursing: Upheld

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

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.

Associated surgical service: Physical Therapy 2 to 3 times 3 to 4 weeks: Upheld

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

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.