

Case Number:	CM14-0199021		
Date Assigned:	12/08/2014	Date of Injury:	01/14/2011
Decision Date:	01/22/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/25/2014

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:

According to the records made available for review, this is a 65-year-old female with a 1/14/11 date of injury. At the time (10/29/14) of the request for authorization for total right hip replacement, there is documentation of subjective (persistent discomfort of the right hip) and objective (painful range of motion of the right hip) findings, imaging findings (MRI right hip (6/17/14) report revealed chronic right hip superior anterior labral tear and maceration with associated adjacent full-thickness chondrosis), current diagnoses (osteoarthritis, pelvis), and treatment to date (medication). There is no documentation of additional conservative care (Exercise therapy), subjective findings (Limited range of motion OR Night-time joint pain OR No pain relief with conservative care), additional objective findings (Body Mass Index of less than 35), and imaging findings (Osteoarthritis on Standing x-ray OR Arthroscopy).

IMR ISSUES, DECISIONS AND RATIONALES

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

Total Right Hip Replacement: 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 & Pelvis Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis, Arthroplasty

Decision rationale: MTUS does not address the issue. ODG identifies documentation of conservative care (Exercise therapy and Medications OR Steroid injection), subjective findings (Limited range of motion OR Night-time joint pain OR No pain relief with conservative care), objective findings (Over 50 years of age AND Body Mass Index of less than 35) and imaging findings (Osteoarthritis on Standing x-ray OR Arthroscopy), as criteria necessary to support the medical necessity of hip arthroplasty. Within the medical information available for review, there is documentation of diagnoses of osteoarthritis, pelvis. In addition, there is documentation of conservative care (medications) and objective findings (over 50 years of age). However, there is no documentation of additional conservative care (Exercise therapy), subjective findings (Limited range of motion OR Night-time joint pain OR No pain relief with conservative care), additional objective findings (Body Mass Index of less than 35), and imaging findings (Osteoarthritis on Standing x-ray OR Arthroscopy). Therefore, based on guidelines and a review of the evidence, the request for total right hip replacement is not medically necessary.