

<b>Case Number:</b>	CM14-0201293		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	12/16/2004
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in New York. 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 patient is a 58-year-old male who has a date of injury of December 16, 2004. He injured his left hip. He's had medications and physical therapy. He is also had physical therapy. He was diagnosed with hip dysplasia. He underwent left hip arthroscopy in 2009. On physical examination his gait is normal. There is no audible slapping or clicking from the hip joint. The patient is neurologically normal in the lower extremities. Hip motor strength is normal. Range of motion of the hip shows extension contracture with painful motion. The patient's BMI is reportedly 35.5. X-rays of the hip show degenerative joint condition. The patient is diagnosed with osteoarthritis. At issue is whether hip surgeries medically necessary at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthroplasty, acetabular & proximal femoral prosthetic replacement with 3 day inpatient stay:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Hip Chapter

**Decision rationale:** Establish criteria for hip arthroplasty surgery not met. Specifically, the medical records document that the patient has had a recent hip injection. However the results of the injection are not clearly documented in the medical records. In addition the medical records document that the patient has a BMI of 35.5 indicating relative obesity. His current weight is 230 pounds. BMI of 35.5 is above the recommended ODG BMI guideline of 35. At the present time ODG guidelines are not met. Therefore the request for total hip arthroplasty surgery for osteoarthritis is not medically necessary.

**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 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.

**In home physical therapy, three times a week for six 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.

**In home RN for Evaluation: medication intake, vitals, P/O quantity 2:** 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.