

Case Number:	CM14-0204546		
Date Assigned:	12/16/2014	Date of Injury:	05/06/2014
Decision Date:	02/09/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/08/2014

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 patient is a 53-year-old male who reported an injury on 05/06/2014. The mechanism of injury was due to carrying a heavy statue, twisting wrong, and injuring his right hip and low back. The injured worker has diagnoses of right hip pain and lower back pain. Past medical treatments consist of injections to the hip of a combination of Kenalog and lidocaine and medication therapy. Medications include Toprol, doxazocin, and Crestor. Diagnostics consist of x-rays of the pelvis, 2 view hip and full leg joint, which revealed end stage right hip osteoarthritis with bone to bone articulation, complete loss of joint space, subchondral sclerosis, and osteophyte formation. On 12/17/2014, the injured worker complained of right hip and low back pain. Physical examination of the right hip revealed an antalgic pattern. There was no snapping or clicking internally. There was no tenderness to palpation. Range of motion revealed a flexion of 90 degrees, extension to 0, abduction to 20 degrees, adduction of 10 degrees, internal rotation of 10 degrees, and external rotation of 30 degrees, all with pain. Hip flexion was 4, hip extension was 4. Sensation was normal throughout, except straight leg test was negative. Medical treatment plan is for the injured worker to undergo right total hip arthroplasty. Provider stated that the injured worker has failed all conservative treatments. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Total Hip Arthroplasty: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Arthroplasty

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, Arthroplasty.

Decision rationale: The request for right total knee arthroplasty is medically necessary. According to the Official Disability Guidelines, criteria for hip arthroplasty consists of failure of conservative treatment to include exercise, home exercise program, or physical therapy; medications, which consists of NSAIDs or steroid injections; limited range of motion or nighttime joint pain; over 50 years of age and a body mass index of less than 35; and osteoarthritis on standing x-ray. The submitted documentation indicated that on MRI, there were findings of osteoarthritis to the right hip. It was noted in the submitted documentation that there was limited range of motion and the injured worker had pain at night. There was also documentation indicating that the patient had failed conservative treatment to include supervised physical therapy and a home exercise program. Given the above, the injured worker is within the recommended guideline criteria. As such, the request is medically necessary.

3 Day Stay at [REDACTED]: Overturned

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 Official Disability Guidelines (ODG) Hip, Hospital length of stay (LOS).

Decision rationale: The ODG recommend hospital stays based on the surgery. It was noted that the injured worker was to undergo total hip replacement. The guidelines recommend a 3 day stay. The request as submitted is for 3 day stay at [REDACTED]. Given the above, the injured worker is within guidelines. As such, the request is medically necessary.

Pre-Op Clearance: Overturned

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 Official Disability Guidelines (ODG) Low Back, Preoperative testing, general.

Decision rationale: The ODG guidelines state preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures. The decision to order preoperative tests should be guided by the patient's clinical

history, comorbidities, and physical examination findings. The requested hip replacement was deemed necessary. Given the above, the injured worker is within guideline criteria. As such, the request is medically necessary.

Home Physical Therapy (3x2): Overturned

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 Official Disability Guidelines (ODG) Hip, Physical medicine treatment.

Decision rationale: The ODG recommend a physical therapy program immediately following hip injury or surgery, it allows for greater improvement in muscle strength, walking speed and functional score. Guidelines for post-surgical treatment consist of 18 visits over 12 weeks. The provider is requesting 6 visits of post-op physical therapy, which is within guideline criteria. With total hip replacement being deemed necessary, the request for post-op physical therapy is medically necessary.

Home Health RN for Evaluation, Med Intake, Vitals 2x2 Weeks Post-Op: Overturned

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 Official Disability Guidelines (ODG) Hip, Home health services.

Decision rationale: The ODG state recommend medical treatment for patients who are homebound, on a part-time or "intermittent" basis. Home health skilled nursing is recommended for wound care or IV antibiotic administration. Early discharge after hip arthroplasty with home support resulted in re-admission rates less than 1% and high patient satisfaction. The request for total hip replacement has been deemed certified. As such, the request for Home Health RN for Evaluation, Med Intake, and Vitals 2 x 2 Weeks Post-Op is medically necessary.