

<b>Case Number:</b>	CM14-0206361		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	12/07/2004
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 59-year-old male with a 12/7/04 date of injury. At the time (11/11/14) of the request for authorization for right hip arthrogram with subtraction tech with aspiration of hip joint, there is documentation of subjective (right hip pain, he states that he has been falling and falls approximately 2x/week, when he goes to stand he states that his right lower extremity is not keeping up with his left side) and objective (tender in the area of the right greater trochanteric bursa, ambulatory with a slight stoop and guarded gait on the right side) findings, imaging findings (x-rays show the hardware to be in good position, there appears to be no change in position, there are no lytic changes or loosening in the component), current diagnoses (almost 9 years status post right total hip arthroplasty, 5 years status post revision right hip total arthroplasty, greater trochanteric bursitis, and chronic low back pain), and treatment to date (medication).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right hip arthrogram with subtraction tech with aspiration of hip joint:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability 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 & Pelvis, Arthrogram

**Decision rationale:** MTUS does not address the issue. ODG identifies documentation of suspicion of loosening of total hip prostheses, as criteria necessary to support the medical necessity subtraction arthrogram. Within the medical information available for review, there is documentation of diagnoses of almost 9 years status post right total hip arthroplasty, 5 years status post revision right hip total arthroplasty, greater trochanteric bursitis, and chronic low back pain. In addition, there is documentation of suspicion of loosening of total hip prostheses. Therefore, based on guidelines and a review of the evidence, the request for right hip arthrogram with subtraction tech with aspiration of hip joint is medically necessary.