

Case Number:	CM14-0083172		
Date Assigned:	07/21/2014	Date of Injury:	01/24/2008
Decision Date:	03/25/2015	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/04/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Orthopedic Surgery

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 63 year old female who sustained an industrial injury on 1/24/2006. A prior peer review was performed on 5/18/2014, in which recommendation was given to modify the request for pre-operative PT, to allow 4 sessions PT for the purpose of focus on instruction in exercises that she can complete to assist with weight loss, and address right hip pain. The requests for right hip surgery and all the other related requests were non-certified. Although the patient may be a reasonable candidate for conversion to total hip arthroplasty, her BMI of 40, makes surgery not medically appropriate or consistent with ODG recommendations. Her BMI was noted to be a major contraindication to this surgery. It was noted that she had demonstrated ability to lose weight over the last year, and had lost 20 lbs., continued weight loss is necessary before surgery can be considered. A 3 phase NM bone scan performed on 10/18/2013 provided the impression: mild to moderate increased tracer uptake corresponding to the acetabular component of the prosthesis. No associated hyperemia noted. Given the interval since surgery findings are highly suspicious for aseptic loosening and persistent post-surgical bone remodeling is thought to be unlikely given the non-impressive hyperemic phase. Infection is thought to be highly unlikely as well. According to the PTP PR-2 dated 4/8/2014, the patient is seen for followup for right shoulder, left hand, right hand and knees. Regarding the right hip, she continues to report constant moderate to severe right hip pain which radiates down the right leg to just above the right knee. The pain also radiates to the right groin and extends to the right buttock. Examination documents height 5'2", previous weight 213 lbs., moderately right antalgic and mildly left antalgic with a short stride on the right side than on the left side without any cane, while with

cane in left hand the right antalgic limp is mild to moderate with minimal left antalgic limp. Right hip ROM shows -5 degrees extension, 75 degrees flexion, 15 degrees external and internal rotation with significant pain complains more in the groin than at the greater trochanter. There is moderate to severe tenderness in the groin, mild to moderate tenderness at the greater trochanter, moderate tenderness in the right buttock region over the sciatic nerve and posterior aspect of the right hip joint. Faber's is moderately to severely positive for both groin pain and greater trochanteric pain. Right straight leg test creates very mild right leg pain which be radicular in nature, but more likely may be related to the right hip and the right knee problems, no necessarily the low back. Diagnosis for the right hip is subcapital femoral neck fracture status post placement of a bipolar hip prosthesis associated with contracture probably secondary to tightness of the prosthesis plus apparent greater trochanteric bursitis rule out loosening or wear of the prosthesis. Surgical intervention is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Conversion of bipolar endoprosthesis to total hip arthroplasty: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip & Pelvis chapter, 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: ODG Indications for Surgery -- Hip arthroplasty:Criteria for hip joint replacement:1. Conservative Care: Exercise therapy (supervised PT and/or home rehab exercises). AND Medications (unless contraindicated: NSAIDs OR Steroid injection). PLUS2. Subjective Clinical Findings: Limited range of motion. OR Night-time joint pain. OR No pain relief with conservative care. PLUS3. Objective Clinical Findings: Over 50 years of age (but younger OK in cases of shattered hip when reconstruction is not an option) AND Body Mass Index of less than 35. PLUS4. Imaging Clinical Findings: Osteoarthritis on: Standing x-ray. OR Arthroscopy.According to the Official Disability Guidelines, arthroplasty is rrecommended when all reasonable conservative measures have been exhausted and other reasonable surgical options have been seriously considered or implemented. One criteria for hip arthroplasty is that the patient's BMI must be less than 35. This patient is 5'2" and weighs 213, her BMI is 39. The patient's obesity precludes her for surgical intervention. Although is it appreciated that the patient has pain and functional limitations due to multiple complaints, including the right hip condition, it is appropriate that the patient reach the appropriate maximum BMI before surgical consideration. The medical records document that the patient has participated in weight loss program and exercise program in the past. It is reasonable that she can be encouraged to work on losing weight, which would likely improve her hip pain and allow her to reach state where conversion to arthroplasty could be a medically reasonable option. At this time, however, the medical necessity of surgery has not been established.

Inpatient stay for two (2) to three (3) days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hospital length of stay, Knee replacement

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, Hospital length of stay (LOS)

Decision rationale: The requested surgery has not been recommended as medically necessary. Therefore, inpatient stay is not medically necessary.

Assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Surgeons et al. Physicians as Assistants at Surgery <http://www.facs.org/ahp/pubs/2002physasstsurg.pdf> American Academy of Orthopedic Surgeons, Surgical Assistant Procedure <http://www.aaos.org/news/bulletin/jun07/managing5.asp>

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, Surgical assistant

Decision rationale: In absence of surgery, consideration for an assistant surgeon is not medically indicated.

Pre-operative physical therapy, three (3) times weekly for six (6) weeks: 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 Physical Medicine Page(s): 98-99.

Decision rationale: The patient is not an appropriate surgical candidate, and so there is no clinical basis for preoperative interventions. Furthermore, 4 PT sessions were previously recommended as authorized, the patient's response to that course of care should be evaluated prior to consideration for any further supervised therapy.

Pre-operative EKG, medical clearance and laboratory tests: Upheld

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 patient is not an appropriate surgical candidate, and so there is no clinical basis for preoperative clearance or interventions.

Associated surgical services: Post-operative walker, wheeled: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee chapterMedicare claims processing manual, Chapter 20, Durable medical equipment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Knee, Walking aids (canes, crutches, braces, orthoses, & walkers)

Decision rationale: The patient is not an appropriate surgical candidate, and so there is no clinical basis for post-operative ambulatory assistive devices or DMEs.

Associated surgical services: Post-operative cane: Upheld

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) Knee, Walking aids (canes, crutches, braces, orthoses, & walkers)

Decision rationale: The patient is not an appropriate surgical candidate, and so there is no clinical basis for post-operative ambulatory assistive devices or DMEs. It is noted that the patient already has a cane.

Associated surgical services: Post-operative raised commode: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Regence Group, Durable medical equipment sectionThe Merck Manual of Diagnosis and Therapy, Section 17, Chapter 215

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Knee, Durable medical equipment (DME)

Decision rationale: The patient is not an appropriate surgical candidate, and so there is no clinical basis for post-operative devices or DMEs.

Post-operative home physical therapy, two (2) to three (3) times weekly for four (4) weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s):
23.

Decision rationale: The patient is not an appropriate surgical candidate, and so there is no clinical basis for post-operative physical therapy.

Post-operative outpatient physical therapy, two (2) times weekly for six (6) weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s):
23.

Decision rationale: The patient is not an appropriate surgical candidate, and so there is no clinical basis for post-operative physical therapy.