

Case Number:	CM14-0087179		
Date Assigned:	08/06/2014	Date of Injury:	04/04/2013
Decision Date:	01/02/2015	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/10/2014

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 Texas. 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 injured worker is a 51-year-old male who reported an injury on 04/04/2013. The mechanism of injury was not submitted for clinical review. The diagnoses include status post total hip arthrosis on 07/02/2014, lumbar sprain and strain with myofasciitis. The previous treatments included physical therapy, chiropractic sessions, total hip arthrosis on 07/02/2014, and medication. Diagnostic testing included an x-ray. On 07/10/2014, it was reported the injured worker underwent a total hip replacement and is doing well in regard to pain in his right hip. The injured worker complains of significant pain in his right thigh and lateral aspect of his leg causing him an altered gait. The injured worker reported utilizing a 4 wheeled walker and feels bunched over as a result of the antalgic gait and posture; he has developed increasing sacroiliac pain on the right causing significant discomfort in sitting or standing for any length of time. The physical examination revealed significant tenderness in the lower region and into the right sacroiliac joint to palpation. The sacroiliac joint was prominent on the right. There was significant antalgic gait. A request was submitted for postoperative crutches, postoperative outpatient physical therapy x12, patient hospital rehabilitation for 4 to 7 days, and 2 units of autologous blood. However, a rationale was not submitted for clinical review. The request for authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Post-Operative Crutches: 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), Treatment Index, 11th Edition (web), 2013, Durable Medical Equipment (DME), Hip & Pelvis, Walking Aids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg; Walking Aids (Canes, Crutches, Braces, Orthoses, & Walker)

Decision rationale: The request for post-operative crutches is not medically necessary. The Official Disability Guidelines state that "assistive devices for ambulation can reduce pain associated with osteoarthritis." However, the use of crutches is not warranted as non-weight bearing is not consistent with the guideline's recommendations. Additionally, the request fails to indicate whether the durable medical equipment is requested for rental or purchase. Therefore, the request is not medically necessary.

Associated Surgical Service: 12 Post-Operative Outpatient Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The request for postoperative outpatient physical therapy #12 is not medically necessary. The postsurgical treatment guidelines state postsurgical treatment for arthroplasty of the hip includes "24 visits over 10 weeks with postsurgical treatment period of 4 months." The clinical documentation submitted indicated the injured worker had utilized 12 sessions of postoperative physical therapy; however, there is lack of documentation indicating the efficacy of the previous therapy, with objective functional gains. Additionally, the request submitted failed to provide a treatment site. Therefore, the request is not medically necessary.

Associated Surgical Service: In-Patient Hospital Rehabilitation for Four to Seven Days: 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), Inpatient Hospital Rehabilitation

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, Skilled Nursing Facility LOS (SNF)

Decision rationale: The request for inpatient hospital rehabilitation for 4 to 7 days is not medically necessary. The Official Disability Guidelines state "6 to 12 days of inpatient rehabilitation is recommended depending on the availability of facilities, immediately following a 3 to 5 day acute hospital stay for arthroplasty." For patients with knee replacements and

patients with hip replacements, inpatient rehabilitation had better outcomes than skilled nursing facilities. The request submitted for 4 to 7 day stay in inpatient hospital rehabilitation is within the guideline's recommendations. However, the request submitted failed to provide the specific surgery and treatment site. Therefore, the request is not medically necessary.

Associated Surgical Service: 2 Units of Autologous Blood: 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), Use of Platelet-Rich Plasma Injections

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, Platelet-Rich Plasma (PRP)

Decision rationale: The request for 2 units of autologous blood is not medically necessary. Official Disability Guidelines note the use of platelet rich plasma is under study. The use of platelet rich plasma for osteoarthritis of the hip is under study. Guidelines further state that one study has been published, which concluded that the use of platelet rich plasma does not appear to have a role in total hip arthroplasty. Therefore, despite the patient meeting the criteria of the total hip arthroplasty, guidelines do not recommend platelet rich plasma injections. Therefore, the request is not medically necessary.