

Case Number:	CM14-0088445		
Date Assigned:	07/23/2014	Date of Injury:	04/23/2013
Decision Date:	02/25/2015	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/12/2014

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:

56 year old male claimant with an industrial injury dated 04/23/13. MRI of the right hip reveals arthrosis of cartilage loss along the anterior half of the acetabular roof characterized by partial thickness cartilage loss. It is also noted that there is evidence of fraying and fissuring with subchondral cystic changes and reactive bone marrow edema. Exam note 06/03/14 states the patient returns with right hip pain. Upon physical exam the patient demonstrated an antalgic gait. The patient revealed a restricted range of motion. There was evidence of chronic degenerative appearance of the anterior and lateral right labrum noted. The patient has mild right common hamstring tendinosis as well. Diagnosis is noted as impingement syndrome of the right hip. Treatment includes a total right hip replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT TOTAL RIGHT HIP REPLACEMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES HIP AND PELVIS 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: CA MTUS/ACOEM is silent on the issue of total hip arthroplasty. According to ODG, Hip and Pelvis, arthroplasty criteria described conservative care and objective findings. These must include either limited range of motion or night time joint pain. Objective findings include age greater than 50 years and BMI of less than 35. In addition there must be imaging findings of osteoarthritis on standing radiographs. In this case the cited clinic note does not demonstrate conservative care has been attempted and there is no radiology report demonstrating significant osteoarthritis. Therefore the determination is for non-certification as guideline criteria has not been satisfied.