

Case Number:	CM15-0004430		
Date Assigned:	01/26/2015	Date of Injury:	12/20/2010
Decision Date:	03/24/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/08/2015

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: New York
 Certification(s)/Specialty: Neurological 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:

This 68 year old female reported the onset of back pain radiating down her leg on December 20, 2010 after she had been putting papers on the dashes of cars. She reported an injury to her back after repetitively bending and lifting. Her diagnoses have included degenerative joint disease, left hip osteoarthritis and Grade I lumbar spondylolisthesis at L2-3 from MRI scan of 05/03/2013. It also showed multilevel degenerative lumbar disc protrusions and foraminal stenosis. Plain x-rays of her hips showed severe degenerative joint disease worse on the left. She declined recommendations for acupuncture and physical therapy. Treatment to date has included opioid pain medications, TENS unit, assistive devices, physical therapy. She is described as being needle phobic and not a candidate for a functional restoration program. She has requested home health aids to change her sheets, cook and clean. Currently, the injured worker complains of back pain and leg pain. She uses a cane to ambulation and has noted decreased functional mobility. She notes numbness and tingling in the lower extremities, primarily in the right leg. The evaluating physician noted that the injured worker's medication regimen included Norco and Lidoderm patches. On evaluation the injured worker had limited range of motion in the lower extremities, pain in the L5 area off to the midline, flexed over ambulation and limited flexion. On December 22, 2014 Utilization Review non-certified a request for left total hip replacement with one to two days stay and assistance surgeon, preoperative labs to include CBC, renal function panel, PT and PTT; pre-operative EKG, pre-operative clearance, DME, walker, raised toilet, shower chair, home health nurse one to two times per week for four weeks, home health physical therapy one to two times per week for four weeks noting that the submitted records

were unclear as to the magnitude of joint destruction by x-rays and what prior conservative measures may have been taken and whether there was an adequate course of conservative treatment including non-steroidal anti-inflammatory medications. The request for associated one to two day hospital stay, assistance surgeon, preoperative labs to include CBC, renal function panel, PT and PTT; pre-operative EKG, pre-operative clearance, DME, walker, raised toilet, shower chair, home health nurse one to two times per week for four weeks, home health physical therapy one to two times per week for four weeks were non-certified because the surgery was non-certified. The Official Disability Guidelines were cited. On January 8, 2015, the injured worker submitted an application for IMR for review of left total hip replacement with one to two days stay and assistance surgeon, preoperative labs to include CBC, renal function panel, PT and PTT; pre-operative EKG, pre-operative clearance, DME, walker, raised toilet, shower chair, home health nurse one to two times per week for four weeks, home health physical therapy one to two times per week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left total Hip replacement with 1-2 days stay and Assistant surgeon: 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), Hip

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hip Replacement-Arthroplasty

Decision rationale: The ODG guidelines indicate that a hip replacement is recommended when all reasonable conservative measures have been exhausted. Documentation indicates this has not happened because the patient is "needle phobic" In order to recover successfully following a replacement she would need to cooperate with a vigorous exercise program. Documentation does not show such an inclination. It also notes she is not a candidate for a functional restoration program. Thus the requested treatment: Left total hip replacement with 1-2 days stay and assistant surgeon is not medically necessary or appropriate.

Associated Surgical Service: Pre-operative labs: CBC, Renal function panel, PT and PTT: 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), Hip

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: Left total hip replacement with 1-2 days stay and assistant surgeon is not medically necessary or appropriate, then the associated surgical service: Pre-operative labs: CBC, renal function panel, PT, PTT is not needed

Decision rationale: Since the requested treatment: Left total hip replacement with 1-2 days stay and assistant surgeon is not medically necessary or appropriate, then the associated surgical service: Pre-operative labs: CBC, renal function panel, PT, PTT is not needed.

Associated Surgical Service: Pre-operative EKG: 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), Hip

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: Left total hip replacement is not medically necessary or appropriate, then the associated surgical service: Pre-operative EKG is not needed.

Decision rationale: Since the requested treatment: Left total hip replacement is not medically necessary or appropriate, then the associated surgical service: Pre-operative EKG is not needed.

Associated Surgical Service: Pre-operative clearance: 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), Hip

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: Left total hip replacement is not medically necessary or appropriate, then the associated surgical service: Pre-operative clearance is not needed.

Decision rationale: Since the requested treatment: Left total hip replacement is not medically necessary or appropriate, then the associated surgical service: Pre-operative clearance is not needed.

Associated Surgical Service: Home Health Physical Therapy 1-2 times a week for 4 weeks: 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), Hip

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: Left total hip replacement is not medically necessary or appropriate, then the associated surgical service: Home Health Physical Therapy 1-2 times a week for 4 weeks is not needed.

Decision rationale: Since the requested treatment: Left total hip replacement is not medically necessary or appropriate, then the associated surgical service: Home Health Physical Therapy 1-2 times a week for 4 weeks is not needed.

Associated Surgical Service: Home Health nurse 1-2 times per week for 4 weeks: 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), Hip

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: Left total hip replacement is not medically necessary or appropriate, then the associated surgical service: Home Health nurse 1-2 times a week for 4 weeks is not needed.

Decision rationale: Since the requested treatment: Left total hip replacement is not medically necessary or appropriate, then the associated surgical service: Home Health nurse 1-2 times a week for 4 weeks is not needed.

Associated Surgical Service: DME, walker, raise toilet, shower chair: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: Left total hip replacement is not medically necessary or appropriate, then the associated surgical service: DME, walker, raise toilet, shower chair is not needed.

Decision rationale: Since the requested treatment: Left total hip replacement is not medically necessary or appropriate, then the associated surgical service: DME, walker, raise toilet, shower chair is not needed.