

Case Number:	CM15-0005043		
Date Assigned:	01/16/2015	Date of Injury:	06/06/2013
Decision Date:	03/26/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/09/2015

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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 60-year-old male who reported an injury on 06/06/2013 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to his right hip. The injured worker ultimately underwent surgical intervention in 06/2013 followed by postsurgical treatment, to include physical therapy and medications. The injured worker suffered a reinjury in 09/2014. The injured worker was evaluated most recently on 12/19/2014. Physical findings at that appointment included painful range of motion of the right hip described as 100 degrees in flexion with 5-/5 strength in the hip flexors. The injured worker's diagnoses included osteoarthritis of the right hip. The injured worker's treatment plan included right total hip arthroplasty. A Request for Authorization was submitted on 12/22/2014 to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right total hip arthroscopy: 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 & Pelvis chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hip and Pelvis Chapter, Joint Replacement.

Decision rationale: The requested right total hip arthroplasty is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this request. Official Disability Guidelines recommend surgical intervention in the way of a total joint replacement for injured workers who have end stage osteoarthritis and have failed to respond to all lower levels of treatment. It is also recommended that the injured worker's clinical presentation and diagnosis be consistent with pathology identified on an imaging study. The clinical documentation submitted for review does indicate that the injured worker has pain and limited range of motion following surgical intervention. However, the clinical documentation indicates that the injured worker had a recent re-injury. There is no documentation that the injured worker has had exhaustive conservative treatment following the re-injury. Additionally, the clinical documentation submitted for review does not provide an updated imaging study to support the diagnosis of severe right hip osteoarthritis. As such, the requested right hip arthroscopy is not medically necessary or appropriate.

Pre-operative internal medical clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-op DVT prophylaxis: Lovenox injection 30mg SUBQ bod x 2 weels: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.