

<b>Case Number:</b>	CM15-0018048		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	02/03/2001
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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 52-year-old female who reported an injury on 02/03/2001. The mechanism of injury was not specifically stated. The injured worker is diagnosed with degenerative joint disease involving the left hip. On 12/02/2014, a physician Letter of Medical Necessity was submitted, indicating that the injured worker had been previously treated with bilateral hip injections with Depo Medrol. The injured worker reported 2 to 3 weeks of pain relief; however, the symptoms returned. The injured worker had pain in the groin area radiating into the lower leg, thigh and buttock region. The left hip was worse than the right. The provider indicated that the injured worker required a left total hip replacement. A Request for Authorization form was then submitted on 12/05/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Inpatient left total hip replacement:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hip and pelvic 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 & Pelvis Chapter, Arthroplasty.

**Decision rationale:** The Official Disability Guidelines recommend a hip arthroplasty following conservative treatment in the form of exercise therapy and medication or steroid injection. Upon examination, there may be limited range of motion. The patient may report night time joint pain. Patients should be over 50 years of age with a body mass index of less than 35. There should also be imaging evidence of osteoarthritis upon standing x-ray or on a previous arthroscopy report. In this case, the injured worker does not meet criteria as outlined by the Official Disability Guidelines. Although the injured worker is over 50 years of age and is noted to have been treated with injections, there is no indication that this injured worker has exhausted recent conservative management in the form of exercise therapy and/or medications. Additionally, there is no recent comprehensive physical examination provided indicating limited range of motion or a significant functional deficit. There was no x-ray or imaging evidence of osteoarthritis. Given the above, the request is not medically appropriate at this time.

**Associated surgical service: Hospital length of stay 1-2 days:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hip and pelvic chapter, arthroplasty.

**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.

**Associated surgical service: Outpatient pre-operative labs to include: EKG and clearance, renal function panel, PT, PTT, and CBC:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hip and pelvic chapter, arthroplasty.

**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.

**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 ODG Hip and pelvic chapter, arthroplasty.

**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.

**Associated surgical service: Home physical therapy (PT) 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 ODG Hip and pelvic chapter, arthroplasty.

**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.

**Associated surgical service: Assistant surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hip and pelvic chapter, arthroplasty.

**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.

**Associated surgical service: Purchase of durable medical equipment for a walker, shower chair, and raised toilet seat:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hip and pelvic chapter, arthroplasty.

**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.