MAXIMUS Federal Services

Case Number:	CM15-0143262		
Date Assigned:	08/04/2015	Date of Injury:	02/01/2014
Decision Date:	08/31/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/23/2015

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, Oregon, Washington
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:

This is a 55 year old male with a February 1, 2014 date of injury. A progress note dated July 1, 2015 documents subjective complaints (pain in the low back with radiation pain down the right leg to the foot at times; numbness and tingling in both hands; sometimes has difficulty grasping things; there is weakness), objective findings (walks with a lurched antalgic gait; heel walk is quite painful; significant forward tilt of the lumbar spine; marked limitation of motion in the right hip; atrophy of the gluteus and atrophy of the quadriceps; positive Phalen's and positive Tinel's; atrophy of the thenar group on the left hand), and current diagnoses (carpal tunnel syndrome, chronic). Treatments to date have included x-rays of the lower back (showed a grade II lytic spondylolisthesis with marked degeneration at the L5 area, x-rays of the hip (show complete obliteration of the joint on the right side), chiropractic treatments, epidural injections without relief, and physical therapy. The treating physician documented a plan of care that included a right total hip arthroplasty and associated services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Hip, Total Arthroplasty: 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 & Pelvis - Indications for Surgery, Hip Arthroplasty.

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

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 join 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. The patient's BMI is 37.3. Therefore the determination is not medically necessary as guideline criteria have not been satisfied.

Associated Surgical Services: Assistant Surgeon/ PA (physician assistant): 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.

Associated Surgical Services: Hospital stay, 5 days: 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.