MAXIMUS Federal Services

Case Number:	CM15-0181314		
Date Assigned:	09/22/2015	Date of Injury:	06/26/2015
Decision Date:	10/26/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/15/2015

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:

The injured worker is a 49 year old male, who sustained an industrial-work injury on 6-26-15. He reported initial complaints of low back and left hip. The injured worker was diagnosed as having osteoarthrosis localized primary involving pelvic region and thigh. Treatment to date has included medication and diagnostics. MRI results were reported on 7-15-15 of the left hip that demonstrated severe osteoarthritis which appeared to result in a leg length discrepancy with shortening of the left leg. X-rays were reported on 7-7-15 noted severe left hip degenerative joint disease. Currently, the injured worker complains of low back pain which had increased slightly and was rated 8 out of 10. The recent fall had aggravated underlying hip arthritis. He had stiffness and difficulty with certain activities of daily living. Per the orthopedic report on 8-13- 15, exam notes tenderness of the left hip-groin, limited range of motion, flexion, and extension, and abduction, strength was normal and equal, and neurological exam was normal. Gait was antalgic with use of a cane. Current plan of care includes hip injection, continued anti-inflammatories, and for a total hip arthroplasty. The Request for Authorization date was 8-14-15 and requested service to include Left total hip arthroplasty and associated surgical service: inpatient hospitalization. The Utilization Review on 8-31-15 denied the request due to lack of trial of conservative measures prior to surgery. Also the ancillary request for inpatient is also denied, per ODG (Official Disability Guidelines), Hip and Pelvis, Arthroplasty; Hospital length of stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left total hip 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, Treatment Index, 13th Edition (web), 2015, Hip & 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. There is no documentation of limited range of motion or night time joint pain. The patient's BMI is 30.11 and he is 49 years old. Therefore the request is not medically necessary as guideline criteria has not been satisfied.

Associated surgical service: inpatient hospitalization: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.