

Case Number:	CM15-0185906		
Date Assigned:	09/28/2015	Date of Injury:	11/25/2005
Decision Date:	11/02/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/21/2015

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 66 year old female, who sustained an industrial injury on November 25, 2005. The injured worker was diagnosed as having severe end stage right hip osteoarthritis, moderate to severe left hip osteoarthritis, moderate right knee osteoarthritis, left shoulder healed fracture with secondary stiffness and possible posttraumatic arthritis, status post bilateral carpal tunnel release with residual symptoms, status post left thumb metacarpal joint resection arthroplasty, and peripheral vascular disease. Treatment and diagnostic studies to date has included use of a cane, medication regimen, magnetic resonance imaging of the right hip, x-rays of the bilateral hips, and x-rays of the right hip. In a progress note dated June 30, 2015 the treating physician reports complaints of constant pain to the right hip and severe pain to the left hip. Examination performed on June 30, 2015 was revealing for decreased range of motion to the bilateral hips, shorter right leg, and tenderness to the bilateral hips. On June 30, 2015 the injured worker's pain level to the right hip was rated a 10 out of 10 and the pain level to the left hip was rated from a 3 to a 9. On June 30, 2015 the treating physician noted imaging performed with the date unknown that was revealing for "severe osteoarthritis changes left more than right hip joint". The medical records included a magnetic resonance imaging report from November 09, 2013 that was revealing for superior labral tear and detachment, mild gluteus medius strain at the greater trochanter attachment, and contralateral large right hip effusion and osteoarthritis changes. On June 30, 2015 the treating physician requested a total right hip arthroplasty due to the injured worker's right hip arthritis. On August 21, 2015 the Utilization Review determined the request for total right hip arthroplasty to be non-approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total Right 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 in Workers' Compensation, Hip and 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 nighttime 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 and there is no radiology report demonstrating significant osteoarthritis. The patient's BMI is 24. Therefore the determination is for non-certification as guideline criteria has not been satisfied. Therefore, the requested treatment is not medically necessary.