MAXIMUS Federal Services

Case Number:	CM15-0192716		
Date Assigned:	10/06/2015	Date of Injury:	11/24/2010
Decision Date:	11/13/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/30/2015

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: Illinois, California, Texas
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 injured worker is a 52-year-old female who sustained an industrial injury on 11/24/10. The mechanism of injury was not documented. The 3/19/15 treating physician report cited complaints of bilateral hip pain, right greater than left, significant groin pain, discomfort in the buttock area, and some lateral pain. She reported cracking noises. She had difficulty with activities of daily living and getting around. She was unable to stand very long, and had difficulty lifting her legs to climb stairs or get into bed. Walking was especially painful. Bilateral hip exam documented limited range of motion, tenderness to palpation, weakness, and slow deliberate short stepped antalgic gait tipped forward at the waist. X-rays showed severe degenerative arthritis, right greater than left. Bilateral total hip arthroplasty was recommended, beginning on the right side. The 6/30/15 bilateral hip x-ray report documented marked osteoarthritis changes at the hip joints bilaterally, right greater than left, markedly worsening in the interval since 2/19/13. She underwent a right total hip arthroplasty on 7/22/15. The 8/24/15 treating physician report indicated that the injured worker was status post right total hip arthroplasty and had pain in the left hip. She was improving in physical therapy. Right hip flexion was 90 degrees with 5/5 strength. The right leg was ½ inch longer than the left. She had failed anti-inflammatory medications, walking aid, physical therapy, and weight loss. She had left hip advanced joint disease demonstrated by x-rays. Authorization was requested for a left total hip replacement, medical clearance with primary care physician: CBC (complete blood count), CMP (comprehensive metabolic panel), and UA (urinalysis), and left hip/pelvis X-ray plain films for templating. The 9/2/15 utilization review certified the requests for a left total hip replacement, and medical clearance with primary care physician: CBC, CMP, and UA. The request for left hip/pelvis X-ray plain films for templating was non-certified as there was no indication why the bilateral hip/pelvis x-rays taken 6/30/15 were not sufficient for use in templating.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left hip/pelvis X-ray plain films for templating: 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) Online Edition, Hip & Pelvis Chapter, X-ray Section.

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: Arthroplasty; X-rays.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines do not provide recommendation for hip x-rays. The Official Disability Guidelines recommend plain radiographs (x-rays) for identifying patients with a high risk for developing hip osteoarthritis. Standing x-rays demonstrating osteoarthritis are recommended indications for total hip arthroplasty. Guideline criteria have not been met. This injured worker has been certified for a left total hip arthroplasty and is status post right total hip arthroplasty. X-rays were obtained on 6/30/15. There is no compelling rationale presented to support the medical necessity of repeat x-rays for pre-operative templating. Therefore, this request is not medically necessary.