

<b>Case Number:</b>	CM15-0208211		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	09/20/2014
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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 63-year-old male who sustained an industrial injury on 9/20/14. The mechanism of injury was not documented. The injured worker had been diagnosed with lumbosacral musculoligamentous strain, lumbosacral advanced degenerative joint disease, compression fracture T12 vertebrae, right knee sprain/strain with severe degenerative osteoarthritis, and right hip sprain/strain with severe degenerative osteoarthritis. The 8/25/15 treating physician report cited on-going right hip pain. Right hip exam documented tenderness to palpation over the greater trochanteric region and lateral aspect of the hip joint. Right hip range of motion was limited with flexion 80, extension 20, abduction 15, adduction 14, internal rotation 20, and external rotation 20 degrees. There was 5/5 lower extremity motor power. Sensation was decreased to light touch and pinprick in the bilateral lower extremities. The diagnosis included right hip sprain and strain superimposed on severe degenerative osteoarthritis. The treatment plan recommended a right total hip arthroplasty for advanced severe degenerative arthrosis. The 10/6/15 treating physician report cited continued lumbar spine pain increased with activities of daily living. He had chronic pain to the right knee and right hip with limited range of motion. The treatment plan included right total knee replacement/arthroplasty and right total hip replacement. Authorization was requested for a right total hip replacement. The 10/15/15 utilization review non-certified the request for right total hip replacement as there was no focal examination or diagnostic imaging results provided to support the requested procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right total hip replacement:** 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 (Acute & Chronic) Indications for surgery, Hip 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:** The California Medical Treatment Utilization Schedule does not provide recommendations for hip surgery. The Official Disability Guidelines recommend total hip arthroplasty when all reasonable conservative measures have been exhausted and other reasonable surgical options have been seriously considered or implemented. Criteria include exercise therapy (supervised physical therapy and/or home rehab exercises) and medications (unless contraindicated non-steroidal anti-inflammatory drugs or steroid injection). Subjective findings should include limited range of motion, or night-time joint pain, or no pain relief with conservative care. Objective findings should include over 50 years of age and body mass index less than 35. Imaging findings of osteoarthritis on standing x-rays or arthroscopy are required. Guideline criteria have not been met. This injured worker presents with persistent right hip pain and restricted range of motion. There is no documentation of night-time joint pain or body mass index. The diagnosis includes right hip degenerative osteoarthritis but there is no documentation of x-ray or MRI findings in the submitted records. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary at this time.