

Case Number:	CM15-0212807		
Date Assigned:	11/02/2015	Date of Injury:	09/03/2015
Decision Date:	12/15/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/29/2015

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 53-year-old male who sustained an industrial injury due to cumulative trauma as an automotive mechanic. The date of injury is documented as 9/3/15. The 5/19/15 bilateral hip x-rays documented severe end stage osteoarthritis, joint space narrowing-obliteration, subchondral sclerosis, and cysts. He underwent a left total hip arthroplasty on 6/16/15. Records documented failed non-operative treatment including activity modification, medications, therapy, and injections. The 9/16/15 treating physician report cited grade 4-9/10 persistent right hip pain. Pain was worsened with prolonged standing and walking, and especially with squatting or getting up from a seated position. Physical exam documented body mass index of 28. Range of motion testing documented guarded and painful motion with forward flexion 90, extension 15, abduction 15, adduction 10, internal rotation 45, and external rotation 30 degrees. There was tenderness to palpation over the joint line. He had a slowed antalgic gait using a single point cane. The treatment plan recommended proceeding with right total hip arthroplasty. The 10/1/15 treating physician report cited end-stage bilateral hip osteoarthritis with intermittent severe pain over 3 years. Surgery for right total hip arthroplasty was scheduled for 11/6/15. Authorization was requested for right total hip arthroplasty. The 10/16/15 utilization review denied the request for right total hip arthroplasty as there was no documentation of conservative treatments pertaining to the right hip. The 11/9/15 injured worker appeal letter stated that he had constant pain for three years that was not relieved with medications. He had tried opioid pain medications and anti-inflammatory medications. He rode his home stationary bike and used his home pool and spa for exercise. He had tried physical therapy and chiropractic without benefit.

He had bone-on-bone arthritis in the right hip and could no longer stand the pain. He reported good benefit to the left hip replacement. He requested appeal of the denied of hip surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Total Hip Arthroplasty: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hip and Pelvis Chapter (updated 09/24/15).

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 been met. This injured worker presents with constant moderate to severe right hip pain with functional limitation precluding work duties. Clinical exam findings were consistent with imaging evidence of severe hip osteoarthritis. Detailed evidence of a long-term reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.