

Case Number:	CM15-0214922		
Date Assigned:	11/04/2015	Date of Injury:	11/23/2011
Decision Date:	12/15/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/02/2015

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: Montana, Oregon, Idaho
 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 57 year old female, who sustained an industrial injury on 11-23-11. The injured worker was diagnosed as having right hip pain; status post right hip arthroscopic surgery; status post aspiration injection right hip; Hip degenerative joint disease; chronic myofascial sprain-strain lumbosacral spine with degenerative disc disease. Treatment to date has included status post right hip arthroscopy; intra-articular right hip injection; physical therapy; medications. Currently, the PR-2 notes dated 9-22-15 by the provider indicated the injured worker complains of pain in the neck and right hip. He notes "On pain rating 0 to 10 scale is 6 and 7. Pain without medication is 9 and 10. Pain with medication is 5 and 6. The patient is taking Norco, Voltaren 75mg twice a day and Prilosec." On physical examination, the provider notes "the patient had tenderness in lumbosacral spine and paraspinal muscle with minimal stiffness; no spasm. Range of motion of the lumbosacral spine is painful, but within normal limits. Straight leg raising sitting and supine, FABERE's Patrick is positive in the right side and negative on the left side; extension and Gaenslen's tests are negative. The patient has a well-healed scar from the arthroscopic surgery; he has tenderness on greater trochanter; range of motion is restricted and painful. Gait, the patient favors the right side. A PR-2 note dated 7-28-15 indicates the injured worker had complaints of pain in lower back and right hip. His right hip pain was documented by the provider as "Pain without medication is 10; pain with medications is 6 and 7. The patient says in the past, (another provider) recommended a total hip replacement. At the time, she was not ready. Now she says she wants to have that done." A Request for Authorization is dated 11-2-15. A Utilization Review letter is dated 10-21-15 and non-certification for Surgical consultation and treatment for the total hip replacement. A request for authorization has been received for Surgical consultation and treatment for the total hip replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical consultation and treatment for the 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, Indications for Surgery -- Hip Arthroplasty; ACOEM Practice Guidelines, 2nd Edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pelvis and hip.

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 and there is no radiology report demonstrating significant osteoarthritis. The patient's BMI is 36.28 based on the height and weight recorded in the note from 6/30/15. Therefore, the request is not medically necessary as guideline criteria has not been satisfied.