

Case Number:	CM15-0215918		
Date Assigned:	11/05/2015	Date of Injury:	04/09/2015
Decision Date:	12/16/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/03/2015

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 66-year-old female injured worker suffered an industrial injury on 4-9-2015. The diagnoses included left trochanteric bursitis and degenerative arthritis of the left hip. On 5-13-2015, the provider reported she had begun physical therapy and had improved pain. On 6-8-2015, the provider indicated poor progress. On 6-22-2015, the exam revealed left hip pain and groin pain going down the anterior part of the thigh along with very positive Faber's maneuver. On 9-28-2015, the provider reported she was still having quite a bit of pain in the left hip. He reported she will eventually need a total hip replacement but had gotten reasonable relief with the hip injections. Prior treatments included steroid hip injection 8-21-2015. Diagnostics included left hip magnetic resonance imaging 7-29-2015 revealed left femoral neck mild marrow edema compatible with stress reaction, mild acetabular dysplasia on the left with lateral acetabulum rim syndrome with osteophytes chondral loss and labral tearing along with rectus femoris tendon indirect partial tear at the acetabular attachment. The documentation provided did not include evidence of physical therapy progress notes, number of sessions attended or discharge evaluation Utilization Review on 10-23-2015 determined non-certification for Left total hip Arthroplasty and associated services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left total 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, Hip and Pelvis Chapter.

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. Therefore, the request is not medically necessary, as guideline criteria has not been satisfied.

Associated surgical service: Assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: 2-3 inpatient stay: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.