

Case Number:	CM15-0221673		
Date Assigned:	11/17/2015	Date of Injury:	07/07/2015
Decision Date:	12/30/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/11/2015

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 51-year-old female who sustained an industrial injury on 7/07/15. Injury occurred when she tripped and twisted her left leg. Past surgical history was positive for bilateral total hip replacements and a pacemaker implantation for cardiac arrhythmia. The 8/21/15 left hip and femur x-rays impressions documented left total hip prosthesis without evidence of loosening. There was an increased angle of inclination of the acetabular component, measuring 77 degrees, with asymmetrical anterosuperior position of the prosthetic head within the acetabular cup. There was a 1.8 mm curvilinear calcification superior to the greater trochanter that might represent calcific tendinitis/bursitis. There was no demonstrable acute abnormality. The 10/5/15 treating physician report cited constant grade 7-8/10 left hip pain. Pain was aggravated by activity/use and alleviated by laying down and medication. Functional difficulty was documented in standing, sitting, climbing stairs, walking, lifting, and sleeping. She had a history of bilateral hip osteoarthritis and had bilateral total hip replacements. She reported being asymptomatic prior to a trip and fall on 7/7/15. She was currently working without restrictions. Physical exam noted that the injured worker transferred from the chair to standing and standing to the exam table with ease and there was no discomfort demonstrated. Left hip exam documented areas of point tenderness, and ambulation with a slight limp on the left. Range of motion exam documented she moved the hip well. There was 5/5 lower extremity strength and sensation was intact. Leg lengths were equal. No instability was noted to stress testing of the hip. Ober and impingement tests were negative. She had a positive Stinchfield test. She was placed on modified duty. X-rays were obtained and showed "E centricity in the femoral head and with almost between the femoral head and the acetabular cup". Authorization was requested for revision left total hip arthroplasty for a diagnosis of left hip pain, status post left total hip arthroplasty, with probable

fractured polyethylene liner. The 10/29/15 utilization review non-certified the request for revision of the left total hip arthroplasty as there was not enough information and the surgeon's x-ray interpretation was not understandable to approve or deny the requested procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient surgery: revision of left total hip arthroplasty: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis, 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 & Pelvis, Revision total hip arthroplasty.

Decision rationale: The California MTUS does not provide recommendations for hip surgery. The Official Disability Guidelines recommend revision total hip arthroplasty for failed hip replacement or internal fixation. Revision total hip arthroplasty is a reasonably safe and effective procedure for failed hip replacement. The most common reasons for revision after THA are aseptic loosening of prosthetic parts, infection, dislocation, and fracture. Guideline criteria have been met. This injured worker presents with significant function-limiting right hip pain following a trip and fall event. She was status post bilateral total hip arthroplasties. The treating physician reported clinical exam and x-ray findings with a diagnosis of probable fractured polyethylene liner. Given the documented hardware failure, revision would be supported. Therefore, this request is medically necessary.