

Case Number:	CM15-0032450		
Date Assigned:	02/25/2015	Date of Injury:	05/23/2012
Decision Date:	04/17/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/20/2015

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

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 35-year-old male who reported an injury on 05/23/2012. The mechanism of injury was extensive physical training over a multiday period. The injured worker was status post left hip arthroscopy with acetabuloplasty on 08/17/2012. Additionally, the injured worker underwent an arthroscopy for the hip. There was a Request for Authorization submitted for review, dated 01/26/2015. The injured worker underwent an MRI of the left hip on 01/20/2015, which revealed moderate osteoarthritis of the left hip with degenerative signal in the labrum but no obvious labral tear. There were multiple prominent degenerative subchondral cysts in the femoral head and acetabulum. The documentation of 01/21/2015 revealed the injured worker had continued stiffness and pain in the left hip and groin. The pain was noted to limit the activities of daily living and limit the injured worker's walking tolerance. The physical examination revealed the limb lengths were equal. The range of motion of the left hip was forward flexion of 90 degrees, abduction 20 degrees, adduction 10 degrees, external rotation 30 degrees, and internal rotation 0 degrees. The injured worker had a positive Stinchfield test on the left. The injured worker had significant tenderness with range of motion of the left hip. The injured worker underwent x-rays. The x-rays included an AP pelvis and lateral x-ray of the left hip, which demonstrated decreased strength status medially, although there was still some joint space located in the superior dome. There was early osteophyte formation in the anteroinferior aspect of the femoral head. There was no avascular necrosis. There was no underlying fracture. The injured worker was noted to have moderate osteoarthritis within the joint space, narrowing the joint. The treatment plan included surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total Left 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 (ODG) Criteria for hip joint replacement.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hip & Pelvis Chapter, Arthroplasty.

Decision rationale: The Official Disability Guidelines indicate that there should be documentation of a failure of exercise therapy and medications plus documentation of limited range of motion or nighttime joint pain or no pain relief with conservative care. There should be documentation the injured worker is over 50 and has a body mass index of less than 35. There should be documentation of osteoarthritis on standing x-rays. The clinical documentation submitted for review indicated the injured worker had limited range of motion and findings of osteoarthritis on standing x-rays. However, there was a lack of documentation of a failure of conservative care, including exercise therapy and medications. The injured worker was 35 and there was a lack of documentation of a body mass index of less than 35. Given the above, and the lack of documentation, the request for total left hip replacement is not medically necessary.

Assistant needed: 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.

Three day hospital 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.

Pre-op labs: 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.

Pre-op EKG: 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.

Pre-op with Internist: 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.

Pre-op Chest X-ray: 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.