

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0047372 | | |
| Date Assigned: | 03/19/2015 | Date of Injury: | 10/01/1996 |
| Decision Date: | 05/11/2015 | UR Denial Date: | 02/27/2015 |
| Priority: | Standard | Application Received: | 03/12/2015 |

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, Sports Medicine

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 54-year-old male who reported injury on 10/01/1996. The mechanism of injury was not included. His diagnoses included osteoarthritis of the left hip. His past treatments have included pain medication and physical therapy. Diagnostic studies have included an MRI of the left hip performed on 12/12/2014 that revealed mild diffuse chondrosis of the left hip with a focus of near full thickness chondrosis, no deeper delaminating cartilaginous defects noted. Very minimal superior labral fraying with no displaced labral tear. The pelvis x-ray reveals a 1 mm to 2 mm cartilage remaining a central portion of the femoral head, laterally 4 mm to 5 mm, marked narrowing of cartilage and narrowed right hip but not as severely. His surgical history was not included. The injured worker has persistent left hip pain. Objective physical exam findings have included BMI of 36.3. The injured worker walks with a limp favoring the left hip. He has pain with rotation of the left hip. He has about 15 degrees to 20 degrees in either direction. He is able to move his hip in flexion to 110 degrees. The right hip is more painful with tenderness noted over the SI joint on the left side, and buttock on the left side. He is able to bend forward to reach his ankles before he stops because of pain. His medications included diazepam. His treatment plan included request for left total hip arthroplasty as the injured worker had recent flareup of pain and feels he is unable to work as a result of it. The rationale for the request was pain management and improvement of his ability to perform activities of daily living. The Request for Authorization form was not included in the medical records.

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- Indications for Surgery-Hip 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 and Pelvis, Arthroplasty.

Decision rationale: The request for left total hip arthroplasty is not medically necessary. The Official Disability Guidelines state the criteria for hip joint replacement includes exercise therapy and medications plus limited range of motion or night time joint pain, or no pain relief with conservative care. The injured worker should be over 50 years of age and a body mass index of less than 35. Osteoarthritis should be identified on standing x-ray or arthroscopy. There is a lack of documentation of physical therapy, limited range of motion, and the injured worker's BMI is over 35, recorded at 36.3. Therefore, the request for left total hip arthroplasty is not medically necessary.

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.

12 Physical Therapy Sessions: 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.

1 Walker: 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.