

Case Number:	CM15-0048168		
Date Assigned:	03/20/2015	Date of Injury:	12/18/1974
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/13/2015

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 64 year old male, who sustained an industrial injury on December 18, 1974. He reported right hip pain. The injured worker was diagnosed as having right hip arthritis, status post multiple surgical interventions of the right hip and chronic right hip pain. Treatment to date has included radiographic imaging, diagnostic studies, multiple hip surgeries, physical therapy, medications and work restrictions. Currently, the injured worker complains of recurrent right hip pain and low back pain. The injured worker reported an industrial injury in 1974, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on July 3, 2014, revealed a locking and popping sensation of the right hip, right hip pain and low back pain. Evaluation on December 2, 2014, revealed right hip pain and a limp to his gait. Surgical intervention of the right hip and post-operative medical equipment was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total hip arthroplasty with computer navigation: 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, Arthroplasty.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and Leg, Robotic assisted knee arthroplasty.

Decision rationale: CA MTUS/ACOEM and ODG Hip and Pelvis section are silent on the issue of computer assisted total hip arthroplasty. According to the Official Disability Guidelines, Knee and Leg, Robotic assisted knee arthroplasty, it is not recommended based on the body of evidence for medical outcomes but ODG generally recommends that surgical methods be based on the specific surgeon's skill and experience and his or her recommendation, as there is considerable variability in outcome. There is insufficient evidence to conclude that orthopedic robotic-assisted surgical procedures provide comparable or better outcomes to conventional open or minimally invasive surgical procedures. As the guidelines do not support computer assisted arthroplasty, the request is not medically necessary.

CPM machine x 60 day rental: 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, Continuous Passive Motion.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, CPM.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Vascutherm x 30 day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Continuous Flow Cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Continuous flow cryotherapy.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.