

<b>Case Number:</b>	CM15-0053795		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	06/22/2010
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: District of Columbia, Virginia  
Certification(s)/Specialty: Internal 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 57 year old male, who sustained an industrial injury on June 22, 2010. He reported hip and leg pain. The injured worker was diagnosed as having chronic right hip pain, osteoarthritis, history of a nonindustrial right ankle fracture and surgical intervention and status post left shoulder surgery. Treatment to date has included radiographic imaging, diagnostic studies, conservative therapies, surgical interventions of the shoulder, medications and work restrictions. Currently, the injured worker complains of continued hip and leg pain. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on March 3, 2015, revealed continued pain. He was noted to have a limp with ambulation and noted being unable to walk more than a couple block. Surgical intervention of the hip, medications, post-operative therapies and an assistant surgeon were recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2-4 days inpatient stay:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2966203/>.

**Decision rationale:** MTUS and ACOEM do not address this issue. Alternative guidelines were sought. Much of the cost of primary total hip arthroplasty (THA) comprises the length of stay in hospital. Given the increasing drive for cost-effective surgery in today's National Health Service, the aim of this investigation was to determine the patient and surgical factors that most influence the length of stay following surgery. The median length of stay was 8 days. The majority of patients (81.5%) left hospital within 2 weeks, 13.6% within 2-4 weeks and 4.9% after 4 weeks. On multivariate analysis, age above 70 years, ASA grades 3 and 4, prolonged operations and long incisions were highly significantly associated with hospital stay of over 2 weeks. Per review of the clinical documentation provided, the patient was to undergo total hip arthroplasty. An inpatient hospital stay would be medically appropriate. Prolonged stay after THA is largely predetermined by case mix and this should be taken into account when units are compared for performance and in the remuneration they receive for providing this service. Slick surgery through limited incisions may reduce the length of stay.

**Post operative visiting nurse 3 times a week for 4 weeks:** 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)-home health.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792  
Page(s): 51.

**Decision rationale:** Per MTUS: Home health services, recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. (CMS, 2004) Per review of the clinical documentation provided, following a total hip arthroplasty, necessity for home health services would need to be assessed, once the procedure had taken place. Based on the current condition, this intervention would not be needed and is not medically necessary.

**Post operative home physical therapy 3 times a week for 5 weeks:** 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).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792  
Page(s): 98-99.

**Decision rationale:** Per MTUS: Physical Medicine, recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007) Physical Medicine Guidelines Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. Per review of the clinical documentation provided, following a total hip arthroplasty, necessity for home health services would need to be assessed, once the procedure had taken place. Based on the current condition, this intervention would not be needed and is not medically necessary.