

<b>Case Number:</b>	CM15-0059630		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	07/30/2014
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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:

The injured worker is a 58-year-old female who sustained an industrial injury on 7/30/14. Injury occurred when she was stepping down from a ladder and missed a step. She fell backwards, landing on her buttocks. Records documented initial conservative treatment of 6 physical therapy visits for the hip and chiropractic treatment for the low back. The 9/15/14 right hip MRI impression documented over-coverage of the femoral neck by the acetabular rim compatible with prior femoroacetabular impingement with associated erosion/subchondral cyst formation of the superolateral aspect of the femoral head. There was some chondral cyst formation in the superomedial aspect of the femoral head and the superior aspect of the acetabular rim. The 10/6/14 right hip x-ray impression documented degenerative osteosclerosis of the acetabular rim with hip joint space narrowing. There were degenerative marginal osteophytes off the superior lateral aspect of the acetabulum, inferior medial aspect of the acetabulum, and inferior medial aspect of the femoral head. The 12/10/14 orthopedic consult report cited constant severe right hip pain associated with burning sensation in the groin. Walking tolerance was limited to less than one block. She was unable to sit comfortably in any chair, or take care of her shoes and socks. She had pain at night, at rest, and getting out of a chair. She was using one crutch. She had physical therapy two months ago that was mildly helpful. Medications included Naprosyn and tramadol with mild pain decrease. Hip range of motion was limited to 15 degrees or external rotation and 5 degrees internal rotation. There was pain with resisted psoas, positive straight leg raise on the right, positive FABER test, negative leg roll, pain with distraction, pain in the groin, tenderness over the ischium, and tenderness over the low back. Left leg length was longer than

the right. Radiographs demonstrated mildly severe degenerative arthritis of the right hip. The diagnosis was right hip osteoarthritis, progressive with work-related acceleration and aggravation. A total hip replacement was indicated. The 3/4/15 treating physician report cited lower back pain radiating into the right hip and groin, and then into the right lower extremity. She reported lumbar spine spasms that were better with medication. She reported pain grade 9/10 without medications and 5/10 with medications. Physical exam documented normal upper and lower extremity deep tendon reflexes, muscle strength, and sensation with slightly antalgic gait. There was lumbar paraspinal tenderness and spasms, mild to moderate loss of lumbar range of motion, negative femoral stretch test bilaterally, and right hip pain with range of motion. She was able to heel and toe walk with difficulty. The diagnosis was cervical strain, lumbar strain, disc herniations at L3/4, L4/5, and L5/S1, and right hip stress fracture with degenerative joint disease. The treatment plan recommended hip surgery per the orthopedic recommendations, physical therapy 2x4 for low back conditioning, and refill of medications. The 3/16/15 utilization review non-certified this request for hip surgery as there was no detailed physical exam of the hip or x-rays and imaging evidence in the provided medical records. Additionally, there was no documentation of functional status and the nature of the hip surgery was not documented.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Hip Surgery: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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: Arthroscopy, Arthroplasty.

**Decision rationale:** The California Medical Treatment Utilization Schedule does not provide recommendations for hip surgery. The Official Disability Guidelines recommend total hip arthroplasty when all reasonable conservative measures have been exhausted and other reasonable surgical options have been seriously considered or implemented. Criteria include exercise therapy (supervised physical therapy and/or home rehab exercises) and medications (unless contraindicated non-steroidal anti-inflammatory drugs or steroid injection). Subjective findings should include limited range of motion, or night-time joint pain, or no pain relief with conservative care. Objective findings should include over 50 years of age and body mass index less than 35. Imaging findings of osteoarthritis on standing x-rays or arthroscopy are required. Guideline criteria have not been fully met. This patient presents with low back and right hip pain with significant functional limitation in ambulation and sitting tolerance. Clinical exam findings documented loss of hip range of motion and nighttime pain. The most recent height and weight information in the records indicated a body mass index of less than 34. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. However, this request is non-specific and does not reflect the actual surgery being planned. Therefore, this request is not medically necessary.