

Case Number:	CM15-0080293		
Date Assigned:	05/01/2015	Date of Injury:	03/20/2014
Decision Date:	06/29/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/27/2015

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 54-year-old female who sustained an industrial injury on 3/20/14. Injury occurred when she bended forward and approximately four boxes weighing 30 pounds each fell on her back. Additionally, a cumulative trauma injury was reported. Injuries were reported to the neck, upper extremities, back, and right hip. Past medical history was positive for hypertension, elevated cholesterol, and depression. Records documented that a lumbar MRI on 12/27/13 demonstrated degenerative changes with bulging at L1-L5. Conservative treatment for this injury included physical therapy, medications, cane, chiropractic treatment, and a right hip corticosteroid injection with temporary relief. The 12/18/14 electrodiagnostic study report cited low and mid back pain radiating to the right lower extremity. The impression documented findings suggestive but not confirmatory of right L4/5 radiculopathy. The 2/20/15 right hip x-ray findings documented significant osteoarthritic changes. There was buttressing of the femoral head, partial remodeling of the femoral head, and joint space narrowing. The 3/13/15 treating physician report cited increasing right hip pain after suffering an injury at work. X-rays revealed evidence of advanced degenerative joint disease of the hip without collapse. There were anatomic findings for femoroacetabular impingement. She was walking with a cane. Right hip exam documented restricted range of motion with flexion 90 degrees, and internal and external rotation to 5 degrees. There was pain with circumduction of the hip. There was a slight leg length discrepancy on the right. The diagnosis was right hip degenerative joint disease. Treatment plan included total hip replacement. Currently under review is the request for right total hip replacement, pre-operative medical clearance, lab work, physical therapy, chest x-ray

and electrocardiogram. The 3/23/15 right hip MRI impression documented small joint effusion, avascular necrosis of the femoral head (stable severity compared to previous study), and femoroacetabular joint osteoarthritis. The 4/14/15 utilization review non-certified the right total hip replacement and associated surgical requests as it was unclear in the records how much conservative treatment had been directed specifically to the right hip and how much the right hip symptoms contributed to the overall condition as compared to the spinal complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right total 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), Hip and Pelvis.

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 injured worker is a 54-year-old female who sustained an industrial injury on 3/20/14. Injury occurred when she bended forward and approximately four boxes weighing 30 pounds each fell on her back. Additionally, a cumulative trauma injury was reported. Injuries were reported to the neck, upper extremities, back, and right hip. Past medical history was positive for hypertension, elevated cholesterol, and depression. Records documented that a lumbar MRI on 12/27/13 demonstrated degenerative changes with bulging at L1-L5. Conservative treatment for this injury included physical therapy, medications, cane, chiropractic treatment, and a right hip corticosteroid injection with temporary relief. The 12/18/14 electrodiagnostic study report cited low and mid back pain radiating to the right lower extremity. The impression documented findings suggestive but not confirmatory of right L4/5 radiculopathy. The 2/20/15 right hip x-ray findings documented significant osteoarthritic changes. There was buttressing of the femoral head, partial remodeling of the femoral head, and joint space narrowing. The 3/13/15 treating physician report cited increasing right hip pain after suffering an injury at work. X-rays revealed evidence of advanced degenerative joint disease of the hip without collapse. There were anatomic findings for femoroacetabular impingement. She was walking with a cane. Right hip exam documented restricted range of motion with flexion 90 degrees, and internal and external rotation to 5 degrees. There was pain with circumduction of the hip. There was a slight leg length discrepancy on the right. The diagnosis was right hip degenerative joint disease. Treatment plan included total hip replacement. Currently under review is the request for right total hip replacement, pre-operative medical clearance, lab work, physical therapy, chest x-ray and electrocardiogram. The 3/23/15 right hip MRI impression documented small joint effusion, avascular necrosis of the femoral head (stable severity compared to previous study), and femoroacetabular joint osteoarthritis. The 4/14/15 utilization review non-certified the right total hip replacement and associated surgical requests as it was unclear in the records how much conservative treatment had been directed specifically to the

right hip and how much the right hip symptoms contributed to the overall condition as compared to the spinal complaints.

Pre-operative medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id=48408>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Lab work: physical therapy, PTT CBC, electrolytes, creatinine and glucose: 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), low back, preoperative testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Chest X-ray and electrocardiogram: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ACR Appropriateness Criteria: 1/2 routine admission and preoperative chest radiography. Reston (VA): American College of Radiology (ACR); 2011. 6 p.; Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.