

Case Number:	CM15-0086727		
Date Assigned:	05/11/2015	Date of Injury:	12/05/2014
Decision Date:	06/10/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/06/2015

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, Indiana, Oregon
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 29 year old male, who sustained an industrial injury on 12/05/2014. He reported a slip and fall on steps with acute right hip pain. Diagnoses include right hip degenerative hip joint disease and status post open reduction internal fixation (ORIF) right acetabulum in 2004 or 2005. Treatments to date include anti-inflammatory, analgesic, and physical therapy. Currently, he complained of right hip pain. The pain was rated 4/10 VAS and was reported as occasional. On 2/10/15, the physical examination documented tenderness to palpation in the anterior hip capsule and groin region. The plan of care included consultation scheduled 3/25/15 with a joint specialist. This appeal request is for a CT scan of the right hip and a right total hip replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of the right hip: 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), Indications for imaging-Computed tomography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hip.

Decision rationale: CAMTUS/ACOEM is silent on the issue of CT scan of the hip. ODG hip is referenced. CT scan of the hip is recommended for sacral insufficiency fractures, suspected osteoid osteoma, detecting subchondral fracture and for failure of closed reduction of a hip dislocation. The request is not intended to identify any of these clinical scenarios, therefore the request is not medically necessary.

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 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.

Decision rationale: CA MTUS/ACOEM is silent on the issue of total hip arthroplasty. According to ODG, Hip and Pelvis, arthroplasty criteria described conservative care and objective findings. These must include either limited range of motion or night time joint pain. Objective findings include age greater than 50 years and BMI of less than 35. In addition there must be imaging findings of osteoarthritis on standing radiographs. In this case the age is 29 and there is inadequate documentation of failure of a comprehensive conservative treatment. The x-ray interpretation of 12/8/14 office visit is "normal" so there is insufficient evidence of osteoarthritis on radiographs submitted. Based on the above, the request is not in keeping with guidelines and is not medically necessary.