

<b>Case Number:</b>	CM13-0060096		
<b>Date Assigned:</b>	03/31/2014	<b>Date of Injury:</b>	07/04/1977
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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. The expert reviewer is Board Certified in Orthopedic Surgery has a subspecialty in Hand Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 66-year-old female who was injured in a work related accident on July 4, 1977. The clinical records for review in this case indicate that the claimant is status post a prior right total hip arthroplasty. A recent clinical assessment of July 3, 2013 indicates the claimant is with continued complaints of pain about the right hip with recent review of a bone scan and an MRI scan showing good position of prior total hip arthroplasty with atrophy of the gluteal and tensor muscles and slight inflammatory changes along the IT band. Bone scan from June 24, 2013 was noted to be normal. At last assessment of July 3, 2013, physical examination findings were not noted. Given the claimant's ongoing complaints, the treating physician recommended the role of a right hip exploration and revision arthroplasty of the polyethylene liner and femoral head. The treating physician stated that there were no guarantees as the patient's radiographs and imaging appeared stable. Further documentation of exam findings or clinical treatment indicates the claimant has been treated with therapy, medication management, and prior attempt as aspiration and injection under fluoroscopy. Recent review of laboratory testing revealed a negative sedimentation rate and CRP test. As stated, there is a request for revision arthroplasty at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REVISION OF RIGHT TOTAL HIP ARTHROPLASTY:** 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** According to the Official Disability Guidelines (ODG), regarding total hip arthroplasty states, "Recommended for failed hip replacement or internal fixation. Revision total hip arthroplasty is a reasonably safe and effective procedure for failed hip replacement." The claimant's clinical presentation, including recent MRI scan, bone scan, and laboratory testing, fail to demonstrate significant pathology to the right hip that would necessitate the acute need of revision procedure. The request for a revision of right total hip arthroplasty is not medically necessary and appropriate.

**HOSPITAL STAY, X4:** 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:** The Expert Reviewer did not cite any medical evidence for its decision.

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