

Case Number:	CM14-0120972		
Date Assigned:	08/06/2014	Date of Injury:	03/02/2012
Decision Date:	10/15/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/31/2014

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 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:

This is a 53 year old male with a 3/2/12 injury date. The patient sustained a lifting injury. In a follow-up on 4/22/14, subjective complaints included 8/10 left hip pain. Objective findings included left hip clicking, catching, and popping with range of motion, particularly in flexion and extension while internally rotated. Left hip range of motion was extension to neutral, flexion to 100 degrees, internal rotation to 10 degrees, external rotation to 30 degrees, abduction to 25 degrees, and adduction to 20 degrees. The provider indicated that left hip x-rays on 4/22/14 showed a well-maintained concentric joint space with a significant cam lesion with superior acetabular cyst formation. A left hip MRI on 1/2/14 showed severe osteoarthritis. Diagnostic impression: left hip osteoarthritis. Treatment to date includes medications. A UR decision on 6/27/14 denied the request for left total hip replacement on the basis that there is no documentation of conservative care. In addition, the only note provided from the surgeon (4/22/14) showed a recommendation of hip arthroscopy and osteoplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total Left 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

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 Chapter

Decision rationale: The California MTUS does not address this issue. Official Disability Guidelines criteria for hip replacement include conservative care including medication OR Steroid injection, limited range of motion, nighttime joint pain, and no pain relief with conservative care; over 50 years of age AND Body Mass Index of less than 35; and osteoarthritis on imaging or arthroscopy report. In the present case, there is minimal documentation of prior conservative treatment modalities. There is mention of medication use, but there is no discussion of the extent, duration, and relief obtained from any prior physical therapy. There is no indication that a steroid injection has been attempted. In addition, there appears to be some discrepancy between imaging studies: the MRI showed severe osteoarthritis and the provider's summary of a 4/22/14 x-ray series described "a well-maintained concentric joint space with a significant cam lesion with superior acetabular cyst formation." In the same note, the provider recommended a hip arthroscopy with osteoplasty. Therefore, there appears to be some inconsistency with the diagnosis and the treatment plan. The guideline criteria for medical necessity have not been met at this time. Therefore, the request for total left hip replacement is not medically necessary.