

<b>Case Number:</b>	CM14-0125096		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	01/24/2014
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 Family Practice 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:

56-year-old male claimant sustained a work injury on 2/18/14 involving the left hip and low back. He was noted to have lumbar disc disease on MRI and was diagnosed with lumbosacral strain with radiculopathy. An X-Ray of the left hip on 4/7/14 indicated degenerative changes in the left hip. He had undergone physical therapy and used oral analgesics without significant benefit for his hips. An orthopedic evaluation in April 2014 indicated the claimant had painful range of motion of the left hip. In May 2014 he underwent computerized hip range of motion testing and additional range of motion testing in June 2014. A progress note on 6/19/14 indicated the claimant had abnormal gait and arthrosis of the left hip. The treating physician noted he will require a left hip replacement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ROM and computer assisted muscle testing (retro):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. 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 Pain.

**Decision rationale:** The MTUS guidelines do not comment on computer assisted range of motion testing. According to the Official Disability Guidelines there are no studies to support computerized strength testing of the extremities. The extremities have the advantage of comparison to the other side, and there is no useful application of such a potentially sensitive computerized test. Deficit definition is quite adequate with usual exercise equipment given the physiological reality of slight performance variation day to day due to a multitude of factors that always vary human performance. This would be an unnecessary test. Based on the guidelines above, the computer testing was not medically necessary. The physical exam had provided the limitation in the claimant's range of motion.

**Left Total Hip Replacement:** Overturned

**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 Pain.

**Decision rationale:** The ACOEM guidelines do not address hip replacement. According to the Official Disability Guidelines, a hip replacement is recommended when all reasonable conservative measures have been exhausted and other reasonable surgical options have been seriously considered or implemented. In this case, the claimant had received therapy, oral analgesics and injections. Total hip replacement is the most successful orthopaedic procedure for relieving chronic pain, and it provides a benchmark against which the efficacy of other procedures can be compared. There was continued pain and limited range of motion. The Left hip replacement is appropriate and medically necessary.