

<b>Case Number:</b>	CM14-0143339		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	04/23/2013
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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:

The claimant is a 57-year-old gentleman who was injured in a work related accident on 04/23/13. The claimant fell as he stepped down off a dock and felt an acute pop in the right knee and right hip. The clinical records provided for review included the 08/05/14 progress report noting continued right hip and knee pain. Objective findings on examination revealed an antalgic gait pattern and no other clinical findings. The working diagnosis was status post knee arthroscopy with partial medial meniscectomy and impingement of the right hip. Reviewed at that time was an MRI scan of the knee documented to show medial compartment marrow edema with a small joint effusion but no recurrent meniscal tearing from 12/09/13. An MRI of the right hip performed 02/10/14 was noted to show arthrosis with cartilage loss and a chronic degenerative appearance to the labrum. Because the claimant continued to be symptomatic, the recommendation was made for both a total hip arthroplasty and total knee arthroplasty of the right lower extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Total hip arthroplasty 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 ODG Hip & Pelvis (updated 03/25/14) - Arthroplasty

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates.

**Decision rationale:** The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. When looking at Official Disability Guidelines, the request for a total right hip arthroplasty would not be indicated. The clinical records provided for review document a request for both hip and knee arthroplasty to the claimant's right lower extremity. Unfortunately, in this case there is no documentation of standing plain film radiographs of the hip, recent conservative measures or direct clinical correlation of claimant's symptoms resulting from degenerative process to the hip as recommended by the Official disability Guidelines. There is no indication of a recent body mass index for this claimant who also has significant concordant findings of the right knee. Given the claimant's clinical presentation and lack of support for isolated hip pathology, the role of arthroplasty would not be supported as medically necessary.