

Case Number:	CM14-0160338		
Date Assigned:	10/06/2014	Date of Injury:	02/25/2002
Decision Date:	10/30/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/29/2014

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 New York. 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 patient has chronic right hip pain. The patient had a date of injury of 12 /5 /2013. He continues to have chronic hip pain. He is a 62-year-old male. His right hip joint was injected with a steroid and lidocaine which helped for 3 weeks. On physical examination he is 5 feet 9 inches and 270 pounds. The patient is obese. Range of motion of the right hip shows full extension and 95 degrees of flexion. Internal rotation is 20 external rotation is 40. Palpation reveals tenderness in the right groin. There is no effusion or crepitus. X-rays reveal early arthritis. At issue is whether right total hip replacement is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

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, Hip and Pelvis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS hip and knee chapter, ODG hip chapter

Decision rationale: This patient does not meet established criteria for right total hip replacement. Specifically the x-rays do not demonstrate severe osteoarthritis of the hip. In

addition the medical records do not clearly documented the patient has had a significant trial and failure of conservative measures to include a sustained attempt at physical therapy for osteoarthritis. Since x-rays only document mild arthritis and the patient has not had documented adequate conservative measures for right hip arthritis, guidelines do not support total hip or placement at this time.

Inpatient stay x 3 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.