MAXIMUS Federal Services

Case Number:	CM14-0162858		
Date Assigned:	10/08/2014	Date of Injury:	07/23/2013
Decision Date:	11/07/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/03/2014

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 68-year old gentleman who fell from a roof on 07/23/13 and sustained a closed fracture of the acetabulum and a calcaneal fracture. There was also evidence of a fracture of the intertrochanteric region of the left hip for which the claimant underwent open reduction and internal fixation at time of injury. The claimant also underwent open reduction and internal fixation of the left calcaneal fracture on 08/09/13. The claimant continues to have complaints of hip pain. The 06/16/14 progress report indicated the claimant was seen for follow-up of left acetabular fracture and plain film radiographs showed no significant change with the joint space of the hip relatively well-maintained. There were complaints of left hip pain for which physical examination showed use of a cane for ambulation and restricted range of motion at end points. The office note dated 09/11/14 revealed continued hip pain with tingling and stiffness for which examination showed atrophy of the quadriceps, loss of strength and paresthesias. There were recommendations for a CT scan and MRI scan of the hip as well as operative intervention for removal of prior hardware with conversion to total hip arthroplasty. There is no documentation of further imaging available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Conversion PacVious hip surgery to total left hip: 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, Arthroplasty

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: hip procedure - arthroplasty

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on Official Disability Guidelines, the request for total hip arthroplasty is not recommended as medically necessary. The medical records do not identify the presence of advanced underlying arthrosis of the hip, even given the claimant's history of prior operative process. While the claimant is known to have continued pain complaints, there is also no documentation of conservative measures that have recently been utilized for postoperative treatment Without documentation of imaging demonstrating significant degenerative change the request for total hip arthroplasty in this otherwise healthy individual would not be supported.

Post-op Physical Therapy 2 times 6: 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, Arthroplasty

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.

Pre-op labs: CBC, CMP: 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, Arthroplasty

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.

Pre-op EKG: 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, Arthroplasty

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.

Pre-op CXR: 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, Arthroplasty

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.

Facility: duration not specified: 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, Arthroplasty

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.