

<b>Case Number:</b>	CM14-0171041		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	06/23/2011
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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:

70 year old male claimant with an industrial injury dated 07/22/11. MRI of the right lower extremity dated 05/29/14 reveals mild osteoarthritis of the hips, mild degenerative changes, mild tendonitis involving the distal attachment of the right gluteus medius tendon but no tear of avulsion, and mild osteoarthritis of the bilateral S1 joints. Exam note 08/04/14 states the patient returns with right hip pain. Upon physical exam there was no evidence of acute distress, the patient had no digital clubbing or cyanosis present. There was a limp with the right LE and the patient requires the use of a cane for mobility. There was evidence of well-healed scars on the knee. There was no tenderness, pain or swelling surrounding the knee. The patient revealed normal strength and tone with no instability or known fractures. The patient demonstrated decreased range of motion with internal rotation to be neutral and external rotation to be about 30'. Diagnosis is noted as osteoarthritis of the right hip. Treatment includes a total hip arthroplasty and prosthesis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Total hip arthroplasty:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute, LLC; Corpus Christi, www.odg-twc.com: Section; Hip & Pelvis (Acute & Chronic) (updated 03/25/2014)

**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, Arthroplasty

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of total hip arthroplasty. According to ODG, Hip and Pelvis, arthroplasty criteria described conservative care and objective findings. These must include either limited range of motion or night time joint pain. Objective findings include age greater than 50 years and BMI of less than 35. In addition there must be imaging findings of osteoarthritis on standing radiographs. In this case the cited clinic note from 8/4/14 does not demonstrate conservative care has been attempted and there is no radiology report demonstrating significant osteoarthritis. Therefore, the Total hip arthroplasty is not medically necessary and appropriate.

**EKG:** 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 the primary procedure is not medically necessary, none of the associated services are medically necessary.