

Case Number:	CM13-0051028		
Date Assigned:	02/07/2014	Date of Injury:	07/08/2013
Decision Date:	02/06/2015	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	11/14/2013

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 Minnesota. 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:

This 49 year old male sustained an industrial related injury on 04/15/2013 that occurred while walking. The results of the injury included pain in the left hip and abdomen. The injured worker was previously diagnosed with osteoarthritis of the left hip which was found during initial x-rays of the left hip. An abdominal ultrasound was also completed and was negative for abnormal findings. Subjective findings (per exam dated 07/09/2013) included pain and stiffness in the left hip. Objective findings (per exam dated 07/09/2013) revealed pain in the left hip joint with movement. There was no capsular tightness in the left hip, no decreased range of motion (ROM), no crepitus or snap, and no tenderness to palpation of the subtrochanteric bursa. It was noted that the injured worker's neurovascular status was intact. There was no evidence of a wide-based, antalgic or limping gait. The injured worker was noted to walk with normal speed, balance, and appearance. A follow-up exam (dated 08/20/2013) revealed no changes in the injured worker's complaints. It was reported that the injured worker had seen a specialist who recommended surgery for the left hip. Objective findings per this exam (08/20/2013) revealed no obvious painful appearance. A physical exam of the left hip revealed no changes from the previous exam; however, it was noted that the injured worker exhibited a mild antalgic gait and was using a cane to ambulate. Current diagnoses include osteoarthritis, localized, SE left hip osteoarthrosis and degenerative joint disease, left hip. Treatment to date has included over-the-counter (OTC) non-steroid anti-inflammatory drugs (NSAIDs), Tylenol, and activity and work restrictions. Current diagnostic testing included an x-ray of the left hip which revealed arthritic narrowing of the left hip joint. The 3 day inpatient admission for a left total hip arthroplasty was requested for the treatment of left hip degenerative joint disease. Treatments in place around the time the 3 day inpatient admission for a left total hip arthroplasty was requested included Tylenol and activity restrictions. The injured worker's pain was unchanged throughout the exam findings submitted.

There appeared to be no additional changes in functional deficits and activities of daily living. Work status also appeared to be unchanged as the injured worker's restrictions remained the same. Dependency on medical care was also unchanged. On 09/17/2013, Utilization Review denied a request for a 3 day inpatient admission for a left total hip arthroplasty which was requested on 09/09/2013. The 3 day inpatient admission for a left total hip arthroplasty was denied based on the absence of end-stage osteoarthritis, absence of body mass index data, and insufficient failed conservative treatments. The ODG guidelines were cited due to the absence of clinical guidelines in the MTUS. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the denial of 3 day inpatient admission for a left total hip arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient 3 days left 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 (ODG), CRITERIA FOR HIP-JOINT REPLACEMENT

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Hip, Topic: Arthroplasty.

Decision rationale: California MTUS guidelines do not address the criteria for a total hip arthroplasty. ODG guidelines are therefore used. The available documentation does not support the necessity of a total hip arthroplasty. An x-ray of the left hip dated 7/3/2013 revealed medial hip joint space narrowing but narrowing of the superior joint space was not documented. Office notes dated July 9, 2013 revealed normal range of motion. On a return visit decreased range of motion was documented. ODG guidelines indicate a hip arthroplasty when all reasonable conservative measures have been exhausted. The criteria include conservative care with exercise therapy including supervised physical therapy and/or home rehabilitation exercises, medications and corticosteroid injections, subjective clinical findings of limited range of motion or nighttime joint pain or no pain relief with conservative care progress objective clinical findings of age over 50 and BMI under 35, plus imaging clinical findings of osteoarthritis on a standing x-ray. The age at the time of the request was 47 and the body mass index was not known and there was no evidence of severe osteoarthritis. There had been no conservative treatment documented. Therefore the ODG criteria had not been met and as such the request for a total hip arthroplasty was not supported by guidelines and the medical necessity of the request was not substantiated. As the surgery was not medically necessary, the 3 day inpatient hospital stay was also not medically necessary.