

Case Number:	CM14-0211920		
Date Assigned:	12/24/2014	Date of Injury:	09/07/2012
Decision Date:	02/26/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 is a 45-year-old male with a 9/7/12 injury date. The patient has a history of right femoral neck fracture status post (s/p) Open Reduction and Internal Fixation (ORIF) followed by osteotomy at a later date, with a poor clinical result. In a 9/16/14 note, the patient stated that the right leg/hip was always in pain and 3 inches shorter after the operation. There has been problems with right hip external rotation and stiffness and hip pain. Objective findings included right hip flexion to 50 degrees, extension to neutral, abduction to 20 degrees, adduction to 15 degrees, internal rotation to minus 20 degrees, and external rotation to 80 degrees. There was a - inch leg length discrepancy, moderate limp, and mild Trendelenburg gait. Right hip x-rays reveal shortening and varus deformity of the femoral neck with suboptimal hardware placement. In an 11/12/14 note, the primary surgeon discussed the receipt of all necessary diagnostic studies. An 10/8/14 CT showed internal fixation of the right femoral neck fracture site with chronic-appearing fracture deformity and foreshortening of the healed femoral neck fracture, and osteoarthritis of the right hip joint. The 11/5/14 bone scan showed low to moderate activity at the trochanteric osteotomy site and at the level of the femoral neck. The MRI showed a previous femoral neck nonunion that appears to have united, as well as artifact from the hardware, and evidence that the tip of the hardware was inside the joint space. There was also moderate arthritis. The provider is requesting a revision intertrochanteric osteotomy for exchange of the bladeplate to a shorter device and derotation and offset improvement of the proximal femur. The patient will most likely require a total hip replacement but this will pose significant challenges and lead to a poor outcome unless this first stage procedure can be done to improve the proximal

femoral anatomy. Diagnostic impression: right proximal femur post-operative vs post-traumatic varus deformity and right hip osteoarthritis. Treatment to date: right femoral neck ORIF, right proximal femur osteotomy, medications, physical therapy. A UR decision on 11/20/14 denied the request for right revision derotation intertrochanteric osteotomy and varus lengthening osteoplasty because the outcomes of bone scan and MRI are not yet available. The requests for Continuous Passive Motion (CPM) rental, home therapy, outpatient therapy, crutches/walker, toilet seat, oxycodone/hydrocodone, ferrous glucinate, Lovenox, scopolamine patch, and Celebrex were denied because the associated surgical procedure was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Revision Derotation Intertrochanteric Osteotomy and Varus Lengthening Osteoplasty: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis- Osteotomy and on the National Center for Biotechnology Information (www.ncbi.nlm.nih.gov)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bartonicek J, Skala-Rosenbaum J, Dousa P. Valgus intertrochanteric osteotomy for malunion and nonunion of trochanteric fractures. *J Orthop Trauma*. 2003 Oct; 17(9):606-12; and on Gollwitzer H, Schauwecker J, Burgkart R, Rechl H, von Eisenhart-Rothe R. Joint-preserving surgery of the adult hip: Intertrochanteric femoral osteotomy. *Orthopade*. 2012 Aug; 41(8):677-688

Decision rationale: The California MTUS Guidelines and the Official Disability Guidelines do not address this issue. Bartonicek et al evaluated the results of valgus lengthening intertrochanteric osteotomies for varus nonunion and malunion of trochanteric fractures of the proximal femur in adults. They found that it was an effective procedure that reliably restores hip function. Gollwitzer et al found that very good results can be obtained after intertrochanteric femoral osteotomy for non-union of the femoral neck and proximal femoral deformities if the therapeutic principles are followed. Given the relatively young age of 45 years, and the significant degree of right hip dysfunction, this patient has few options at this point. Both conservative treatment and initial surgical management of the original hip fracture have failed. He is not a good candidate for total hip replacement because he is still very young and there are anatomical issues with his hip that would make the surgery technically challenging and fraught with the potential for post-op complications such as hip dislocation. The primary surgeon's request for correction of the anatomy with an initial osteotomy procedure, following by eventual total hip replacement a few years later, is a reasonable one and has support in the literature. Therefore, the request is medically necessary.

Continuous Passive Motion (CPM) (rental for 2-4 weeks): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Continuous passive motion

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--CPM.

Decision rationale: The California MTUS Guidelines does not address this issue. The Official Disability Guidelines state that CPM is indicated for postoperative use for 4-10 consecutive days (no more than 21), for total hip arthroplasty (revision and primary); or for home use, up to 17 days after surgery while patients at risk of a stiff hip are immobile or unable to bear weight, such as under conditions of low postoperative mobility or inability to comply with rehabilitation exercises following a total hip arthroplasty or revision; and revision total hip arthroplasty (THA) would be a better indication than primary THA. Given the complexity of this case and the approval of the procedure, the post-op use of CPM for the right hip would be appropriate. Therefore, the request is medically necessary.

Home Physical Therapy (6-sessions, 3 times a week for 2 weeks): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: The California MTUS Guidelines states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Given the complexity of this case and the approval of the procedure, the post-op use of home physical therapy would be appropriate. Therefore, the request is medically necessary.

Outpatient Physical Therapy (18-sessions, 3 times a week for 6 weeks): Overturned

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

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--Physical medicine treatment.

Decision rationale: The California MTUS Guidelines does not address this issue. The Official Disability Guidelines supports a maximum of 24 physical therapy sessions over 10 weeks after hip arthroplasty/fusion procedures. Therefore, the request is medically necessary.

Crutches or Walker and Toilet Seat: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Durable Medical Equipment (DME)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee Chapter-- Walking aids, Durable medical equipment.

Decision rationale: The California MTUS Guidelines does not address this issue. The Official Disability Guidelines states that walking aids are recommended, with almost half of patients with knee pain possessing a walking aid. The Official Disability Guidelines states that raised toilet seats are indicated as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations. Given the approval of the associated procedure, the use of these items is indicated. Therefore, the request is medically necessary.

Post-Operative Oxycodone or Hydrocodone: 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), Pain-Opioids, Hydrocodone

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Page(s): 79-81.

Decision rationale: The California MTUS Guidelines states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time, such as in a postoperative setting. However, the strength and amount were not specified and this type of review cannot modify requests. Therefore, the request is not medically necessary.

Post-Operative Ferrous Gluconate 325mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Center for Biotechnology Information PubMed Database (www.ncbi.nlm.nih.gov/pubmedhealth)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Ferrous gluconate)

Decision rationale: The California MTUS Guidelines does not address this issue. In regards to ferrous gluconate, the FDA states that "there is no evidence in the available information on reduced, electrolytic, and carbonyl iron, ferrous ascorbate, ferrous carbonate, ferrous citrate, ferrous fumarate, ferrous gluconate, ferrous lactate, ferrous sulfate, ferric ammonium citrate, ferric citrate, ferric phosphate, or ferric pyrophosphate, that demonstrates or suggests reasonable grounds to suspect a hazard to the public when they are used at levels that are now current and in

the manner now practiced, or if deemed necessary at somewhat higher levels to meet nutritional needs. However, it is not possible to determine without additional data whether a major increase in consumption would constitute a dietary hazard." However, the amount was not specified and this type of review cannot modify requests. Therefore, the request is not medically necessary.

Post-Operative Lovenox 40mg Injectable: 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), Pain-Opioids, specific drug list

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--Enoxaparin.

Decision rationale: The California MTUS Guidelines does not address this issue. The Official Disability Guidelines states that Enoxaparin is not recommend; a once daily, 10-mg oral dose of rivaroxaban was significantly more effective for extended thromboprophylaxis than a once-daily, 40-mg subcutaneous dose of enoxaparin in patients undergoing elective total hip arthroplasty. However, given the lack of support for Lovenox in the guidelines and the unspecified amount requested, this request cannot be certified. Therefore, the request is not medically necessary.

Post-Operative Scopolamine Patch 1.5mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Center for Biotechnology Information PubMed Database (www.ncbi.nlm.nih.gov/pubmedhealth)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Scopolamine).

Decision rationale: The California MTUS Guidelines does not address this issue. Scopolamine is an oral, intravenous, ophthalmic or topical drug with many uses including the prevention of motion sickness. The FDA approved transdermal scopolamine in 1979. However, the amount was not specified, and this type of review cannot grant modified approvals. Therefore, the request is not medically necessary.

Post-Operative Celebrex 200mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22. Decision based on Non-MTUS Citation FDA (Celebrex).

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, and that Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. The FDA identifies that Celebrex is indicated in the treatment of osteoarthritis, rheumatoid arthritis, acute pain, and familial adenomatous polyposis. In addition, Celebrex is also a better choice than NSAIDS in patients with oseoarthritis and rheumatoid arthritis who are on a daily aspirin with regard to prophylaxis of GI complications as the annual GI complication rates for these patients is significantly reduced. However, the amount was not specified, and this type of review cannot grant modified approvals. Therefore, the request is not medically necessary.