

Case Number:	CM14-0216383		
Date Assigned:	01/06/2015	Date of Injury:	05/11/2011
Decision Date:	02/25/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/24/2014

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: New Jersey

Certification(s)/Specialty: Family Practice

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 worker is a 60 year old female who was injured on 5/11/2011 involving her left knee after tripping over a raised sidewalk, landing on her left knee. She later experienced knee pain and hip pain. She was diagnosed with degenerative arthritis of the left hip and left knee. She was treated with surgery on her left knee, injection (knee), medication, and physical therapy. She continued to experience chronic left hip pain with popping and giving way. An apportionment of 50% was made to the industrial injury and 50% to her obesity, which contributed significantly her knee and hip problems. It was also stated in the documents that in the opinion of her physician, the osteoarthritis was present previous to the injury and only made more symptomatic since the injury. On 5/14/14, she was recommended to lose 50 pounds and then consider total left hip arthroplasty afterwards. On 7/23/14, x-rays of the left hip revealed severe bone on bone osteoarthritis. Later, on 12/3/14, the worker was seen by her treating physician. Her BMI was 37 at the time, and a reported left hip pain was rated 7/10 on the pain scale. She reported attending a weight loss clinic (Lindora), but no details were given on her progress with the program. She also reported taking Tylenol for her pain. Physical examination revealed internal rotation of the left hip causing severe pain, positive Trendelenburg test, no clicking/catching/popping with range of motion, and tenderness of the greater trochanter and into the groin area. She was then recommended again the left total hip arthroplasty due to her being predicted to be down to a BMI of less than 35 prior to surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient 3 day stay surgery: Left Total Hip Arthroplasty: Upheld

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 ODG Hip and Pelvis, Arthroplasty

Decision rationale: The MTUS Guidelines do not set specific criteria for hip arthroplasty. However, the ODG states that hip arthroplasty may be recommended when all reasonable conservative measures have been exhausted and other reasonable surgical options have been seriously considered or implemented. Criteria include 1. Conservative care and 2. Limited range of motion or night-time joint pain or no pain relief with conservative care, and 3. Over 50 years of age (unless hip is shattered when reconstruction is not an option) and BMI less than 35, and 4. Imaging to show osteoarthritis (standing x-ray or arthroscopy). The average length of stay in a hospital for a hip arthroplasty if not complicated is about 3 days. In the case of this worker, although her provider seems confident that she was going to lose enough weight to qualify for the hip surgery, she had not yet reached the required BMI (less than 35) measurement at the time of the request, and so approving the surgery would be premature and inappropriate. The reviewer recommends continuing the weight loss program and focusing on dietary methods over physical for weight loss results to be more progressed. For, now, however, the hip arthroplasty will be considered medically unnecessary until all of the criteria have been met.