

Case Number:	CM14-0218388		
Date Assigned:	01/08/2015	Date of Injury:	06/30/2009
Decision Date:	03/19/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/30/2014

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a fifty-three year old male who sustained a work-related injury on June 30, 2009. He had undergone bilateral total hip arthroplasties in 2008 .He complains of left hip pain and weakness. A request for left hip open debridement revision, assistant surgeon, post-operative physical therapy, quantity 12 and a walker was non certified by Utilization Review (UR) on December 16, 2014. The UR physician utilized the Official Disability Guidelines (ODG) in the determination. The UR physician found that the guidelines recommend open debridement for failed hip replacement or internal fixation with the most common reasons for revision after total hip replacement are aseptic loosening of the prosthetic parts, infection, dislocation and fracture. The UR physician found that the documentation did not reflect objective evidence of failure of the hip replacement surgery, pathology of the left hip supported by diagnostic study images and the documentation did not demonstrate failure of all conservative measures. In addition, the UR physician noted that because the medical necessity of the surgery was not established, the request for an assistant surgeon, post-operative physical therapy, quantity 12 and a walker was not established. A request for Independent Medical Review (IMR) was initiated on December 23, 2014. The documentation submitted for IMR included medical evaluations from May 1, 2014 through December 5, 2014. A physician's evaluation dated December 5, 2014 revealed the injured worker had a great deal of weakness and pain in the hip which caused him to limp a great deal. A bone scan was negative for evidence of loosening or infection and his prosthesis was well-fixed on the x-rays.. The evaluating physician noted that there was concern for some anterior soft tissue calcification and the injured worker had some difficulty with prolonged

standing. The diagnosis associated with the evaluation was persistent iliopsoas symptomatology and anterior capsule difficulties of the left hip. On December 11, 2014 a request for a left hip open debridement and possible revision, assistant surgeon, post-operative physical therapy and durable medical equipment was initiated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left hip open debridement, revision: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Chapter Hip and Pelvis last updated 10/9/14 Revision total hiparthroplasty

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Section: Hip and Pelvis, Topic: Revision total hip arthroplasty.

Decision rationale: ODG guidelines recommend a revision total hip arthroplasty for failed hip replacement. The most common reasons for revision are aseptic loosening of the implant, infection, dislocation, and fracture. The injured worker has undergone x-rays, a 3-phase bone scan, laboratory studies, aspiration of the hip, and electrodiagnostic studies of the left leg. The 3-phase bone scan does not show any evidence of loosening. Revision arthroplasty is requested but there is no objective basis for the same. It is not clear as to which part of the arthroplasty needs to be revised. The documentation provided indicates that it is a well fixed arthroplasty in good position with no radiographic evidence of loosening. The worker gets pain after prolonged walking for half a mile. He also has pain in the contralateral knee. The documentation indicates that the pain is chronic and he has actually cut down on the use of medications in the last few months. The pain source has not been identified. There is reported weakness of the left hip. The nonoperative measures have not been exhausted. There is no clear evidence of a problem that needs revising. The 3-phase bone scan was negative for loosening although it did show increased activity at the superior pole of the right patella at the attachment of the quad tendon. The bone scan also does not show an inflammatory process in the left hip and therefore there is no indication for debridement. As such, the request for debridement and revision arthroplasty of the left hip is not supported by guidelines and the medical necessity is not substantiated.

Associated surgical service: Assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines, Assistant Surgeon Guidelines, American Association of Orthopedic Surgeons

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.

Associated surgical service: Post-op physical therapy x12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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.

Associated surgical service: Walker: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guidelines chapter Hip and Pelvis last updated 10/9/14, revision total hip 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.