

<b>Case Number:</b>	CM14-0219175		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	07/26/1994
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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: Physical Medicine & Rehabilitation

### 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 57 year old male, who sustained an industrial injury on July 26, 1994, falling and landing on the left side, injuring the left elbow, left hip, left knee and low back. The injured worker had reported pain in the left lower extremity from the hip and buttock area to the shin, and left elbow pain. The diagnoses have included overweight, obesity, and osteoarthritis. Treatment to date has included a left total hip replacement in 1995, multiple lumbar spine surgeries, a pain pump implant, and oral medications. Currently, the Injured Worker complains of constant, aching, right hip pain that radiates down the leg, with no strength in the leg causing him the need to walk with a cane. The Primary Treating Physician's Orthopedic Evaluation dated December 17, 2014, noted the right hip with generalized tenderness around the trochanter and into the groin, very painful with motion, with weakness in the joint with difficulty mobilizing because of the pain. The Physician noted the diagnoses as severe degenerative arthritis of the right hip, post revision total left hip with polyethylene wear, and chronic low back pain with failed low back syndrome. The Physician noted that the injured worker would need a right total hip replacement, and with a body mass index (BMI) of 41, with a goal of under 35 for best outcome, was recommending referral to the [REDACTED]. The Physician was also requesting a CT scan for the left hip for evidence of bone cyst formation or other abnormality due to the polyethylene wear. On December 29, 2014, Utilization Review non-certified a [REDACTED] program, noting that the guideline criteria had not been met as there was no evidence of a trial/failure of a reduced caloric intake and exercise program, therefore the request was not indicated as medically necessary. Non- MTUS, ACOEM

Guidelines, were cited. Utilization Review certified the request for a CT scan of the left hip. On December 31, 2014, the injured worker submitted an application for IMR for review of a [REDACTED]

### IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] 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 ESI Page(s): 46-47. Decision based on Non-MTUS Citation [http://www.aetna.com/cpb/medical/data/1\\_99/0039.html](http://www.aetna.com/cpb/medical/data/1_99/0039.html). <http://www.lindora.com/lhc-riteaid.aspx>

**Decision rationale:** The patient is a 58 year old male with an injury date of 07/26/94. The 12/17/14 report states that the patient presents with lumbar spine and left hip pain s/p multiple lumbar surgeries and left hip TKA and left hip revision dates not specified. The current request is for [REDACTED] per the 12/17/14 report and 12/18/14 RFA. The patient is disabled and retired. The MTUS Guidelines page 46 and 47 recommends exercise, but states that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. Neither MTUS, ODG, nor ACOEM have any say on the weight loss program so the [REDACTED] website was referred to [http://www.aetna.com/cpb/medical/data/1\\_99/0039.html](http://www.aetna.com/cpb/medical/data/1_99/0039.html). [REDACTED] allows "medically supervised" weight loss program only if the patient has failed caloric restriction and physical activity modifications. The [REDACTED] is a medically supervised program <http://www.lindora.com/lhc-riteaid.aspx>. The 12/17/14 report by [REDACTED] states the patient has a complexity of chronic pain and has failed low back and has right hip degenerative arthritis that will require a total hip replacement. The report also states the patient uses excessive pain medications and should undergo detox and weight loss prior to surgery. The patient's BMI is documented as 40.7 and the treater states BMI should be under 35 for best results. Reports dated 10/10/14 and 12/15/14 by [REDACTED] state that a Home Exercise Program is recommended on an ongoing and regular basis. In this case, the treater states the reason for this request and documents obesity for the patient and an objective goal for this program. However, the reports do not document trialed and failed caloric restrictions or physical activity restrictions. Furthermore, the treater does not provide an end-point to the request as the duration of the program is indeterminate. The request IS NOT medically necessary.