

Case Number:	CM15-0106117		
Date Assigned:	06/10/2015	Date of Injury:	06/24/2013
Decision Date:	07/13/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/02/2015

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, Indiana, Oregon
 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 60 year old male, who sustained an industrial injury on June 24, 2013. He reported left hip pain. The injured worker was diagnosed as having chronic pain syndrome, closed fracture of the hip, morbid obesity and left hip osteoarthritis, severe. Treatment to date has included diagnostic treatments, medications, and conservative care, and home exercise plan, assistive devices for ambulation and work restrictions. Currently, the injured worker complains of continued left hip pain and antalgic gait. It was noted he required the use of crutches to ambulate and was noted as non-weight bearing on the left lower extremity. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on January 27, 2014, revealed severe left hip pain and difficult ambulation. Evaluation on April 10, 2015, revealed continued pain as noted. He reported difficulty sleeping and depression secondary to chronic pain. Medications were adjusted and he was encouraged to practice a weight loss plan and to continue home exercises. Left hip replacement was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Hip Replacement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee Chapter (Online version).

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of total hip arthroplasty. According to ODG, Hip and Pelvis, arthroplasty criteria described conservative care and objective findings. These must include either limited range of motion or nighttime joint pain. Objective findings include age greater than 50 years and BMI of less than 35. In addition, there must be imaging findings of osteoarthritis on standing radiographs. In this case, the patient's BMI is 36.9. Therefore, the determination is not medically necessary.