

Case Number:	CM15-0010835		
Date Assigned:	01/28/2015	Date of Injury:	02/03/2001
Decision Date:	03/25/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/20/2015

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: Illinois, California, Texas
 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 52-year-old female, who sustained an industrial injury on 02/03/01. The 7/26/13 treating physician report indicated that she had progressive left hip inflammation and arthritis. X-rays showed moderate arthritis of both hips. The treatment plan recommended bilateral hip injections with Depo-Medrol today. The medical necessity of eventual bilateral total hip replacements was opined. The 12/2/14 treating physician report cited bilateral hip pain, left worse than the right, and buttock, thigh and groin pain radiating down the leg. No physical exam was documented. Conservative treatment had included multiple corticosteroid injections and physical therapy that made her condition worse. She had bilateral hip injections of Depo-Medrol with 2 to 3 weeks of relief, followed by return of symptoms. The patient was taking tramadol and ibuprofen daily. It was difficult for her to get up, and she locked up after 5-10 minutes of walking. She had night pain and pain at rest. The treatment plan has included left total hip replacement and associated surgical services and items. On 12/18/14, Utilization Review noncertified a prescription of 1 inpatient left total hip replacement; hospital length of stay (LOS) one or two (1-2) days; outpatient pre-operative labs to include: EKG and clearance, renal function panel, PT, PTT, CBC; home health nurse 1-2 times per week for 4 weeks; home physical therapy (PT) 1-2 times per week for 4 weeks; assistant surgeon; purchase of durable medical equipment (DME) for a walker; shower chair; and; raised toilet seat. The MTUS and ODG were cited. On 01/20/15, the injured worker submitted an application for IMR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient left total hip replacement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip & pelvis chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hip & Pelvis: Arthroplasty

Decision rationale: The California Medical Treatment Utilization Schedule does not provide recommendations for hip surgery. The Official Disability Guidelines recommend total hip arthroplasty when all reasonable conservative measures have been exhausted and other reasonable surgical options have been seriously considered or implemented. Criteria include exercise therapy (supervised physical therapy and/or home rehab exercises) and medications (unless contraindicated non-steroidal anti-inflammatory drugs or steroid injection). Subjective findings should include limited range of motion, or night-time joint pain, or no pain relief with conservative care. Objective findings should include over 50 years of age and body mass index less than 35. Imaging findings of osteoarthritis on standing x-rays or arthroscopy are required. Guideline criteria have not been met. This injured worker has bilateral hip pain with functional difficulty in getting up and walking more than 10 minutes. Night time pain was reported. There is no documentation of current range of motion. Records suggest that there has been no recent conservative treatment, with last injections in 2013 providing short term symptom relief. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. There is no documentation that other reasonable surgical options have been seriously considered or implemented. Therefore, this request is not medically necessary at this time.

Associates Surgical Services: Hospital length of stay (LOS) 1-2 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip & Pelvis chapter

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.

Outpatient pre-operative labs to include; EKG and clearance, renal function panel, PT, PTT, CBC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip & pelvis chapter

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.

Associates Surgical Services: Home health nurse 1-2 times per week for 4 weeks: Upheld

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

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.

Associates Surgical Services: Home Physical Therapy 1-2 times per week for 4 weeks:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s):
23.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associates Surgical Services: Assistant Surgeon: Upheld

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

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.

Associates Surgical Services: Purchase durable medical equipment (DME) for a walker:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip & pelvis chapter

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.

Associates Surgical Services: Shower chair; and: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

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.

Associates Surgical Services: Raised toilet seat: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

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.