

<b>Case Number:</b>	CM15-0015178		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	02/10/2012
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	01/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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 was a 63 year old male, who sustained an industrial injury on 2/10/12. Past medical history was positive for a pelvic and hip fracture in 1988 with right hip replacement surgery in 1995. He fell off a low step stool on 2/10/12 and suffered a periprosthetic fracture. He underwent reconstructive surgery with residual pain and infection requiring revision and debridement surgery. He was diagnosed with right proximal femoral and acetabular osteomyelitis. He underwent subsequent revision of a septic right total right hip on 11/10/14. On 11/14/14, the infected right hip total hip arthroplasty was resected and antibiotic spacer was placed; he was discharged home on 12/2/14 and continued on intravenous antibiotics. The 1/6/15 treating physician indicated the patient was 8 weeks status post resection of the revision of the right hip and removal of the trochanteric claw, stem and cup. He had finished his IV antibiotics. Physical exam documented the patient was in a wheelchair, with range of motion 90 degrees, active straight leg raise and hold, slight internal rotation of the foot, and ankle swelling due to venous stasis. The plan was for salvage reconstruction of the right hip, including removal of the cemented total hip arthroplasty and reimplantation. The primary treating physician requested re-implantation of a right total hip arthroplasty, 7-10 day inpatient stay, and pre-operative evaluation and testing. On January 19, 2015, the utilization review certified a request for re-implant of the right total hip arthroplasty and pre-operative evaluation and testing. The request for 7-10 day inpatient stay was modified to a 4-day stay consistent with guidelines for hip replacement revision. The MTUS/ACOEM and ODG guidelines were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Length of stay: 7-10 days:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis, Length of Stay

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hip and Pelvis: Hospital length of stay (LOS)

**Decision rationale:** The California MTUS does not provide hospital length of stay recommendations. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The recommended median and best practice target for hip replacement revision is 4 days with a mean of 5.8 days. For arthrotomy, prosthesis removal surgery, the recommended median and best practice target is 7 days with mean of 9.5 days. The 1/22/14 utilization review modified the request for 7 to 10 days length of stay, certifying 4 days. Given the significant and complex right hip surgical and infectious history, it is reasonable to allow for 7 to 10 days of hospitalization following the certified salvage procedure. Therefore, this request is medically necessary.