

Case Number:	CM15-0018364		
Date Assigned:	02/06/2015	Date of Injury:	01/21/2014
Decision Date:	03/25/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/30/2015

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: New York, New Hampshire, Washington
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 56 year old male with an industrial injury date of 01/21/2014 with injury to right hip. The mechanism of injury is documented as stepping on a spade edging around a tree and felt a sudden sharp right groin pain. He notes pain is moderate most of the time but is 8-9/10 while at work (10/22/2014). At the time of this visit physical exam showed positive trendelenburg on the right, negative on the left. Range of motion was decreased with right hip. Patrick's maneuver was positive bilaterally. On visit dated 12/18/2014 he rated pain as 8-9/10. Prior treatment includes a cortisone injection, x-rays revealing osteoarthritis, MRI revealing severe osteoarthritis and medications. Diagnosis was strain of groin and sprain or strain of hip or thigh. The provider was requesting a right total hip arthroplasty. On 12/30/2014 the request for total hip arthroplasty, right was non-certified by utilization review. ODG was cited. (MTUS does not address.)

IMR ISSUES, DECISIONS AND RATIONALES

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

Total right hip arthroplasty: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Hip & Pelvis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation hip chapter

Decision rationale: 56 yr old male with hip pain. ODG guidelines for THR not met. There is no documentation of adequate trial and failure of conservative measures for hip pain and DJD to include recent trial and failure of physical therapy. THR not needed at this time.