

Case Number:	CM15-0113955		
Date Assigned:	06/22/2015	Date of Injury:	04/16/2014
Decision Date:	07/20/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/12/2015

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 62 year old male, who sustained an industrial injury on 4/16/2014. He reported acute low back pain with right hip pain from a lifting activity. Diagnoses include multiple lumbar disc herniation, radiculopathy, degenerative disc disease, stenosis, facet arthropathy, scoliosis, lumbar strain/sprain and right hip pain. Treatments to date include Advil, modified activity, physical therapy, chiropractic therapy, sacroiliac joint injections, and a lumbar steroid injection. Currently, he complained of ongoing low back pain and increasing right hip pain. The right hip pain was rated 7/10 VAS with an increase to 10/10 VAS by the end of the day. Current medication included Naproxen 550mg, Ultracet, and Motrin. On 4/10/15, the physical examination documented tenderness to palpation in the right hip with decreased range of motion and decreased strength noted. The x-ray from 2/10/15 was documented to reveal moderate degenerative changes of the right hip and mild right sacroiliac joint sclerosis. The treating diagnosis was right hip degenerative joint disease. The plan of care included a right total hip arthroplasty and preoperative medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total hip arthroplasty (right): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hips and Pelvis Chapter, Arthroplasty.

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 night time joint pain. Objective findings include age greater than 50 years and BMI of less than 35. In addition there must be imaging findings of significant osteoarthritis on standing radiographs. In this case the cited clinic note does not demonstrate conservative care has been attempted for a prolonged period of time and there is no radiology report of standing radiographs demonstrating significant osteoarthritis. Therefore the request is not medically necessary.

Pre-operative medical clearance: Upheld

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

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