

<b>Case Number:</b>	CM15-0118139		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	11/24/2010
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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, Oregon, 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:

This is a 51-year-old female with a November 24, 2010 date of injury. A progress note dated March 19, 2015 documents subjective complaints (constant bilateral hip pain, right greater than left; significant pain in the groin; discomfort in the buttock area and some lateral pain; hears cracking noises; hip pain makes it difficult to get around and exercise; depression and sleeplessness), objective findings (difficulty ambulating secondary to pain; tenderness to palpation of the greater trochanteric bursa as well as the pelvic and lumbar areas; weakness of hip flexion and hip abduction; slow, deliberate, short stepped antalgic gait tipped forward at the waist; decreased range of motion of the hips), and current diagnoses (end stage degenerative hip arthritis right greater than left; history of lumbago; history of depression; morbid obesity). Treatments to date have included x-rays that showed severe degenerative arthritis of the hips left greater than right and the right hip collapsed, medications, and work modifications. The physician documented that the injured worker's right hip was also laterally subluxed, and that the injured worker was experiencing severe pain and could not rehabilitate. The treating physician documented a plan of care that included a right total hip arthroplasty and associated services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right total 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 (ODG), Indications for Surgery - Hip Arthroplasty Section.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, arthroplasty criteria.

**Decision rationale:** The 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 cited clinic note does not demonstrate conservative care has been attempted and there is no radiology report demonstrating significant osteoarthritis. The patient's BMI is 35.5. Therefore, the request is not medically necessary, as guideline criteria have not been satisfied.

**Associated Surgical Service: Doctor to assist:** 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.

**Associated Surgical Service: plain film x-rays for templating:** 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.

**Associated Surgical Service: medical clearance - chest x-ray, EKG, CBC, CMP, PT, PTT, UA for pre-op:** 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.

**Associated Surgical Service: post-operative transitional care unit possible:** 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.

**Associated Surgical Service: home physical therapy for one to two 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.

**Associated Surgical Service: hospitalist to follow-up while an inpatient:** 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.