MAXIMUS Federal Services

| Case Number: | CM15-0121347 | | |
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| Date Assigned: | 07/02/2015 | Date of Injury: | 05/07/2009 |
| Decision Date: | 07/30/2015 | UR Denial Date: | 06/19/2015 |
| Priority: | Standard | Application Received: | 06/23/2015 |

## 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 58 year old female, who sustained an industrial injury on 05/07/2009. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having moderate degenerative osteophyte complex at lumbar four to five and lumbar five to sacral one with bilateral neuroforaminal narrowing and thecal sacroiliac effacement, right sided lumbar four to five and lumbar five to sacral one radiculopathy, right sided sacroiliac joint dysfunction, status post right hip arthroscopic surgery, and chronic myofascial pain syndrome. Treatment and diagnostic studies to date has included right sided sacroiliac joint injection with arthrography, use of a single point cane, medication regimen, above noted procedures, magnetic resonance imaging, and electromyogram. In a progress note dated 06/03/2015 the treating physician reports complaints of constant right hip pain with associated symptoms of difficulty sleeping and difficulty walking. Examination reveals restricted and painful range of motion to the right hip, allodynia and hyperalgesia to the right hip, decreased motor strength to the right hip, and tenderness to the right hip joint and the greater trochanter. The injured worker's pain level is rated a 7 to 9 out of 10 on the visual analog scale. The treating and consulting physicians recommended and requested a right hip aspiration followed by a right total hip replacement as noted on 04/23/2015 with the consulting physician noting that the injured worker has severe end-stage degenerative changes along with irregularity of the joint surface and total loss of the articular surface with the changes occurring over a short time span that indicated concern for septic arthritis. The consulting physician noted that a right aspiration will rule out septic arthritis

along with recommended laboratory studies and if the infection testing is negative the consulting physician indicated that a right total hip arthroplasty will be the only procedure reliable to alleviate the injured worker's pain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Right hip aspiration followed by 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), hip and pelvis chapter, athroplasty section http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2218651.

**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 nighttime join 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. In this case, there is concern for septic arthritis. Implanting a total hip in an infected joint is contra-indicated. Infection, if suspected should be ruled out first. Based on this the request for hip arthroplasty is not medically necessary.