

<b>Case Number:</b>	CM15-0121847		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	10/24/2014
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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 53-year-old male who sustained an industrial injury on 10/24/14. The mechanism of injury is unclear. He complains of improved right knee but has low back pain and right lateral hip pain over the gluteus medius and right hip bursa. Medications are Norco, aspirin. Diagnoses include status post right knee arthroscopic surgery (2/25/15); knee pain; Plica Syndrome; pigmented Villonodular syndrome. Treatments to date include physical therapy. Diagnostics include x-rays of the right hip (5/28/15) showing advanced degenerative osteophyte arthritis right hip; x-rays of right knee (5/28/15) showing mild chondral malacia patella right knee. On 5/28/15, the treating provider's plan of care included a request for right total hip replacement surgery.

### 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), Indications for Surgery - Hip and pelvis.

**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 osteoarthritis on standing radiographs. In this case, the cited clinic note of 5/28/15 does not demonstrate conservative care has been attempted. Based on this the request is not medically necessary.