

<b>Case Number:</b>	CM15-0125415		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	01/09/2003
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: Illinois, California, Texas  
 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 injured worker is a 65-year-old female who sustained an industrial injury on 1/9/03. Injury occurred when she tripped and fell on a piece of uneven asphalt. Past medical history was positive for mild asthma, hypertension, and gastric bypass surgery. The 8/14/12 pelvis and bilateral hip x-rays revealed virtually no left hip joint space and approximately 1 mm remaining on the right. Records documented multiple orthopedic evaluations recommending bilateral total hip replacement. The 11/15/12 treating physician report documented worsening bilateral hip arthritis, with pain radiating to the groin area and down the anterior aspect of the thigh. She could barely walk any distance. Conservative treatment included anti-inflammatory medication. Bilateral hip exams documented limited and painful range of motion. X-rays of the bilateral hips revealed advanced arthritis. The treatment plan recommended right total hip arthroplasty. She underwent right total hip arthroplasty on 7/16/13. The 5/28/15 treating physician report indicated that the injured worker was status post right total hip arthroplasty and was doing well until 6 months ago. She started having pain on the lateral side and difficulty lying on it. The left hip had known osteoarthritis, which was getting worse. She had difficulty walking without pain and wanted to proceed with replacement. Left hip exam documented restricted and painful range of motion. Right hip exam documented pain with flexion and external rotation, full range of motion, and tenderness at the greater trochanter area. The impression was right hip pain, greater trochanteric bursitis, and left hip pain, severe arthritis. The treatment plan recommended left total hip replacement and a right hip corticosteroid injection. Authorization was requested for left total hip arthroplasty, post-operative rehab services, pre-operative for surgery, and inpatient stay. The 6/12/15 utilization review non-certified the left total hip arthroplasty and associated surgical requests as there was no detailed information regarding the progression of symptoms or focused conservative treatment to the left hip.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **One left total hip arthroplasty:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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.

**Decision rationale:** The California MTUS guidelines do not provide recommendations for hip surgery. The Official Disability Guidelines recommend total hip arthroplasty when all reasonable conservative measures have been exhausted and other reasonable surgical options have been seriously considered or implemented. Criteria include exercise therapy (supervised physical therapy and/or home rehab exercises) and medications (unless contraindicated non-steroidal anti-inflammatory drugs or steroid injection). Subjective findings should include limited range of motion, or night-time joint pain, or no pain relief with conservative care. Objective findings should include over 50 years of age and body mass index less than 35. Imaging findings of osteoarthritis on standing x-rays or arthroscopy are required. Guideline criteria have been met. This injured worker presents with a long-standing history of left hip osteoarthritis. Left hip pain is persistent and worsening. Clinical exam findings are consistent with imaging evidence of end-stage left hip osteoarthritis. Reasonable long-term conservative treatment has been exhausted. Records have documented body mass index less than 35. Therefore, this request is medically necessary.

### **Unknown post-op rehab services for 7 day:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis: Skilled nursing facility LOS (SNF); Knee and Leg: Skilled nursing facility LOS (SNF).

**Decision rationale:** The California MTUS Post-Surgical Treatment Guidelines for total hip arthroplasty suggest a general course of 24 post-operative visits over 10 weeks during the 4-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. The Official Disability Guidelines recommend inpatient rehabilitation treatment for 6 to 12 days following total hip arthroplasty as an option but not a requirement, depending on the degree of functional limitation, ongoing skilled nursing and / or rehabilitation care needs, patient ability to participate with rehabilitation, documentation of continued progress with rehabilitation goals, and availability of proven facilities, immediately following 3-4 days acute hospital stay for arthroplasty. This request does not fully specify the level of rehab services being requested. The medical necessity for inpatient rehabilitation cannot be established prior to assessment of the injured worker's functional limitations following surgery. Therefore, this request is not medically necessary at this time.

**One pre ops for surgery: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

**Decision rationale:** The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Middle-aged females have known occult increased medical/cardiac risk factors. Guideline criteria have been met based on patient age, comorbidities, magnitude of surgical procedure, recumbent position, fluid exchange and the risks of undergoing anesthesia. Therefore, this request is medically necessary

**One inpatient stay for three days: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis: Hospital length of stay (LOS).

**Decision rationale:** The California MTUS does not provide hospital length of stay recommendations. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The recommended median and best practice target for total hip replacement is 3 days. This request for 3-day length of stay is consistent with guidelines. Therefore, this request is medically necessary.