

<b>Case Number:</b>	CM15-0128714		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	01/21/2011
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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 55 year old male, who sustained an industrial injury on January 21, 2011. He reported cumulative trauma to his shoulders, right hip and lower back. The injured worker was diagnosed as having lumbar disc syndrome, shoulder sprain/strain, radicular neuralgia, lumbar sprain/strain and right hip pain. Treatment to date has included exercises, chiropractic treatment with improvement, diagnostic studies and medication. On June 2, 2015, the injured worker complained of right shoulder pain with occasional tingling in the right arm. He noted increased pain and using a cane for his hip injury. Notes stated that he has to put more pressure on his upper extremities to change position as he has severe restrictions and marked pain in the right hip. Treatment was reported to decrease his pain and increase his function. The treatment plan included right hip joint replacement. On June 16, 2015, Utilization Review non-certified the request for right hip joint replacement, citing Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right hip joint replacement:** 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:** 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 there is no radiology report demonstrating significant osteoarthritis. Based on this the request is not medically necessary.