

<b>Case Number:</b>	CM15-0169726		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	02/12/2015
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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: New York, Montana

Certification(s)/Specialty: Neurological 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 60-year-old male, who sustained an industrial injury on February 12, 2015. He reported pain in his right hip. The injured worker was evaluated on July 27, 2015. He reported right hip pain, described his pain as occasional and sharp, and noted it was mild to moderate at rest and with activity. He reported that his symptoms were improved with rest and his symptoms were aggravated by with activities of daily living. The injured worker has not returned to work since his previous evaluation. On physical examination the injured worker had a minimally antalgic gait. He had moderate right groin pain with hip flexion and internal rotation. He had full range of motion of the right hip and no instability was noted. An MRI of the right hip on April 22, 2015 revealed diffuse marrow of the right femoral head and neck, with evidence of subchondral crescentic line, most compatible with avascular necrosis, Steinberg stage III based upon a mild subchondral lucency seen in retrospect on prior radiographs and a crescent sign on MRI; and moderate effusion with mild synovial hypertrophy. The injured worker was diagnosed as having avascular necrosis of the right hip. Treatment to date has included NSAIDS and physical therapy. A request for authorization for total hip replacement for the right hip with associated services to include: pre-operative internal medical clearance, assistant surgeon, inpatient rehabilitation hospital stay for seven days, bedside commode, walker, post-operative physical therapy for the right hip two times per week for four weeks and Lovenox 30 mg was received on July 28, 2015. On August 3, 2015, the Utilization Review physician determined total hip replacement for the right hip with all associated services was not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Total hip replacement for the right hip:** Upheld

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

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

**Decision rationale:** The injured worker is a 60-year-old male, who sustained an industrial injury on February 12, 2015. He reported pain in his right hip. The injured worker was evaluated on July 27, 2015. He reported right hip pain, described his pain as occasional and sharp, and noted it was mild to moderate at rest and with activity. He reported that his symptoms were improved with rest and his symptoms were aggravated by with activities of daily living. The injured worker has not returned to work since his previous evaluation. On physical examination the injured worker had a minimally antalgic gait. He had moderate right groin pain with hip flexion and internal rotation. He had full range of motion of the right hip and no instability was noted. An MRI of the right hip on April 22, 2015 revealed diffuse marrow of the right femoral head and neck, with evidence of subchondral crescentic line, most compatible with avascular necrosis, Steinberg stage III based upon a mild subchondral lucency seen in retrospect on prior radiographs and a crescent sign on MRI; and moderate effusion with mild synovial hypertrophy. The injured worker was diagnosed as having avascular necrosis of the right hip. Treatment to date has included NSAIDS and physical therapy. A request for authorization for total hip replacement for the right hip with associated services to include: pre-operative internal medical clearance, assistant surgeon, inpatient rehabilitation hospital stay for seven days, bedside commode, walker, post-operative physical therapy for the right hip two times per week for four weeks and Lovenox 30 mg was received on July 28, 2015. On August 3, 2015, the Utilization Review physician determined total hip replacement for the right hip with all associated services was not medically necessary.

### **Associated Service: Assistant surgeon:** 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.

### **Pre-Op Internal medical clearance:** 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.

**In-patient Rehabilitation Hospital stay, 7 days:** 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.

**Post-Op physical therapy for the right hip, 2 times a week for 4 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 Service: Bedside commode:** 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 service: Walker:** 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.

**Post-Op Lovenox 30mg (unknown quantity):** 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.