

Case Number:	CM15-0173220		
Date Assigned:	09/15/2015	Date of Injury:	11/22/1996
Decision Date:	11/25/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/02/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 70 year old male, who sustained an industrial injury on 11-22-1996. Diagnoses include failed right hip total arthroplasty from polyethylene wear with osteolysis. Treatment to date has included right total hip arthroplasty (17 years ago). Per the Primary Treating Physician's Progress Report dated 6-30-2015, the injured worker presented for follow-up of his failed right total hip arthroplasty performed 17 years ago. He reported his right hip without pain or symptoms and denies any other complaints. He has recovered well from a tooth procedure couple of weeks ago. Objective findings included minimal right groin tenderness to palpation. There was minimal pain with passive log roll. He was distally neurovascularly intact grossly to all motor and sensory distributions. The plan of care included surgical intervention (right total hip revision). Authorization was requested on 6-30-2015 for right total hip revision due to the eccentric wear seen on the x-ray with osteolysis. A recent letter from the patient indicates that he has pain with every step. On 9-01-2015, Utilization Review non-certified the request for one pre-op visit, one x-ray of the right hip, one x-ray of the pelvis, and modified the request for 3 follow-up visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op visit: Upheld

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, 1999 Edition, pages 92-93.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Preoperative lab testing, Preoperative electrocardiogram (ECG).

Decision rationale: Regarding the request for Pre-op visit, guidelines do not contain criteria for general medical clearance. Guidelines do contain criteria for preoperative EKG and lab testing. California MTUS and ACOEM are silent regarding these issues. ODG recommends electrocardiogram prior to surgery for patients undergoing high-risk surgery or patients undergoing intermediate risk surgery who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Preoperative lab testing is recommended for patients undergoing invasive urologic procedures, patients with underlying chronic disease or taking medications which predispose them to electrolyte abnormalities or renal failure, glucose testing for patients with diabetes, complete blood count for patients with diseases which increased anemia risk or in whom a significant perioperative blood loss is anticipated, and coagulation studies for patients with a history of bleeding or medical condition which puts them at risk of bleeding condition. Within the documentation available for review, none of these things has been documented. Additionally, it does not appear that any surgery has been authorized at this point. In the absence of such documentation, the currently requested Pre-op visit is not medically necessary.

X-ray of right hip: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis (Acute & Chronic) X-ray. 2015.

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, X-Ray and Other Medical Treatment Guidelines <http://emedicine.medscape.com/article/1247594-clinical>.

Decision rationale: Regarding the request for hip x-ray, California MTUS does not contain criteria for hip radiographs. ODG states the plain film radiographs are valuable for identifying patients with a high risk for development of hip osteoarthritis or in patients sustaining a severe injury. Medical guidelines recommend serial radiographs to evaluate for polyethylene wear following total hip replacement. Frequently polyethylene wear is asymptomatic but can lead to osteolysis. Within the documentation available for review, it appears that the patient does have polyethylene wear and has recently become symptomatic. Consideration for surgery is a reasonable next step. As such, obtaining updated radiographs is reasonable. Therefore, the currently requested hip x-ray is medically necessary.

X-ray of pelvis: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis (Acute & Chronic) Office Visits 2015.

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, X-Ray and Other Medical Treatment Guidelines <http://emedicine.medscape.com/article/1247594-clinical>.

Decision rationale: Regarding the request for X-ray of pelvis, California MTUS does not contain criteria for pelvic radiographs. ODG states the plain film radiographs are valuable for identifying patients with a high risk for development of hip osteoarthritis or in patients sustaining a severe injury. Medical guidelines recommend serial radiographs to evaluate for polyethylene wear following total hip replacement. Frequently polyethylene wear is asymptomatic but can lead to osteolysis. Within the documentation available for review, it appears that the patient does have polyethylene wear and has recently become symptomatic. Consideration for surgery is a reasonable next step. As such, obtaining updated radiographs is reasonable. Therefore, the currently requested X-ray of pelvis is medically necessary.

3 follow up visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis (Acute & Chronic) Office Visits 2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Office visits.

Decision rationale: Regarding the request for 3 follow up visits, California MTUS does not specifically address the issue. ODG cites that "the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible." Within the documentation available for review, it does not appear that surgery has been authorized. As such, it is unclear why 3 follow-up visits would be indicated at the current time. One additional follow-up visit to discuss with the patient the outcome of the x-rays and request authorization for surgery may be reasonable. Unfortunately, there is no provision to modify the current request. As such, the currently requested 3 follow-up visits are not medically necessary.