

Case Number:	CM15-0177444		
Date Assigned:	09/18/2015	Date of Injury:	01/09/2014
Decision Date:	11/09/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/09/2015

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 63 year old male, who sustained an industrial injury on 01-09-2014. He has reported injury to the left hip and low back. The injured worker has been treated for hip pain; osteoarthritis of hip; degeneration of lumbar intervertebral disc; and spinal stenosis of lumbar region. Treatment to date has included medications, diagnostics, cane, and physical therapy. Medications have included anti-inflammatories and narcotics. A progress report from the treating physician, dated 08-10-2015, documented a follow-up visit with the injured worker. The injured worker reported left hip pain and mid to low back pain, with radiation to both right and left lateral to foot; the pain is worsening; the pain is severe and very limiting; associated symptoms include stiffness, weakness, numbness, tingling, swelling, instability-giving way without falls; physical therapy had increased pain; alleviating factors include narcotics and cane; weight has increased; attempts at medical management of weight and with various diets; and he is swimming, and down 15 pounds. Objective findings included a limp, antalgic gait; rises with pain and difficulty; uses a cane; lumbar spine with increased lordosis, pelvic tilt, and forward flexion limited to just below knees; Trendelenburg's sign unable to perform; left hip abduction is rated 4 out of 5; left iliopsoas is 4 out of 5; left quads are 4 out of 5; hamstrings very tight; and left hip range of motion is decreased with crepitus and pain. The treatment plan has included the request for left hip total arthroplasty; associated surgical services: PA (physician assistant) assist; associated surgical services: 3 day inpatient-stay; associated surgical services: rehabilitation facility, 7-10 days; and post-operative physical therapy, 2 months. The original utilization review, dated 08-19-2015, non-certified a request for left hip total arthroplasty; associated surgical services: PA (physician assistant) assist; associated surgical services:

3 day inpatient stay; associated surgical services: rehabilitation facility, 7-10 days; and post-operative physical therapy, 2 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Hip Total Arthroplasty: 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) - Arthroplasty; Indications for Surgery - Hip arthroplasty.

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 nighttime 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 does not demonstrate conservative care has been attempted and there is no radiology report demonstrating significant osteoarthritis. The patient's BMI is 39. Therefore the determination is not medically necessary as guideline criteria has not been satisfied.

Associated Surgical Services: PA (physician assistant) assist: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated Surgical Services: 3 day Inpatient Stay: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post Operative Physical Therapy, 2 months: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated Surgical Services: Rehabilitation Facility, 7-10 Days: 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) - Skilled nursing facility LOS (length of stay).

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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.