

Case Number:	CM15-0030539		
Date Assigned:	02/24/2015	Date of Injury:	07/22/2002
Decision Date:	05/07/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/18/2015

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: Orthopedic Surgery, Sports Medicine

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 62-year-old male who reported an injury on 07/22/2002. The mechanism of injury was not provided. The injured worker underwent a right hip replacement in 04/2014. The documentation of 02/09/2015 reveals the injured worker had a bilateral knee replacement. The documentation indicated the injured worker developed severe pain in his bilateral hips and received a right hip replacement. The injured worker was noted to have severe symptomatology in the left hip. The documentation indicated on 10/15/2014 the injured worker was complaining of severe pain in his left groin, left thigh, left buttock, and left greater trochanter. The injured worker was having severe pain with activity, rest, and startup pain. The injured worker was utilizing high doses of narcotics and was being managed by his pain management physician. The injured worker was utilizing a walker. It was noted, even with the walker, the injured worker could walk less than a block. The physical examination revealed the injured worker was walking for a few steps without the walker, demonstrating a severe limp on the left side. The left lower extremity was longer than the right with approximately 0.5 cm of real discrepancy and an additional 1 cm of apparent discrepancy. The external rotation was 40 degrees, internal rotation was -5 degrees, abduction was 15 degrees, and adduction was 10 degrees. Range of motion of the left hip caused a great deal of pain. The pedal pulses were palpable bilaterally. The left hip had no flexion contracture with further flexion to 95 degrees. The injured worker had osteoarthritis of the left hip and had physical therapy for an extended period of time. The injured worker had pool therapy for his chronic hip and back pain. The injured worker had repeat radiographs of his hips on 10/15/2014. The left hip revealed severe osteoarthritis with complete

loss of articular cartilage space at the lateral lip of the acetabulum with osteophyte formation and lateral subluxation of the femoral head. It was noted the findings were significantly worse in comparison to the films taken in 05/2014. The documentation further indicated the injured worker needed a hip replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left total hip replacement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery Chapter, Hip Arthroplasty Section.

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 Chapter, Arthroplasty.

Decision rationale: The Official Disability Guidelines indicate that the criteria for hip replacement include exercise therapy and medications and limited range of motion or night time joint pain or no pain relief with conservative care, plus there should be findings that the injured worker is over 50 and has a body mass index of less than 35. There should be documentation of osteoarthritis on standing x-rays or arthroscopy. The clinical documentation submitted for review indicated the injured worker had failed conservative care. The injured worker had decreased range of motion on physical examination. The injured worker was more than 50 years of age and had osteoarthritis on x-rays. However, there was a lack of documentation indicating the injured worker had a body mass index of less than 35. Given the above, the request for left hip replacement is not medically necessary.

Associated Surgical Services: 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-operative 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.

Associated Surgical Services: Inpatient stay of three to four 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.