

Case Number:	CM15-0061623		
Date Assigned:	04/07/2015	Date of Injury:	06/10/2014
Decision Date:	05/12/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/01/2015

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 45 year old male who sustained an industrial injury on 06/10/14. Initial complaints and diagnoses are not available. Treatments to date include medications, acupuncture and a lumbar medial branch block. Diagnostic studies include nerve conduction studies, and hip x-rays. Current complaints include bilateral hip pain. Current diagnoses include osteoarthritis. In a progress note dated 03/02/15, the treating provider reports the plan of care as a left hip arthroplasty. The requested treatment is a left hip arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery: total left hip arthroplasty: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis.

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. In this case, the office visit of 3/2/15 documents night pain and limited range of motion as well as severe osteoarthritis on x-rays. Long trials of maximal non-operative treatment are documented. The procedure is medically necessary pursuant to the ODG guidelines.