

Case Number:	CM15-0064091		
Date Assigned:	04/10/2015	Date of Injury:	01/28/2013
Decision Date:	05/14/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	04/03/2015

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: Illinois, California, Texas
 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 56-year-old male who sustained an industrial injury on 1/28/13. The mechanism of injury was not documented. He underwent right total hip replacement on 11/20/14. The 2/17/15 treating physician report cited complaints of hip, knee, and low back pain. The injured worker was doing well status post right total hip arthroplasty. He had been compliant with physical therapy and stretching, and grade 2/10 dull pain. Overall, pain in the hip was 95% better. He was more concerned over a shooting pain in his hip down his leg. Post-operative exam documented no swelling, tenderness, or warmth, clean and dry incision, appropriate range of motion, and intact neurovascular exam. There was tenderness over the lateral trochanteric region and lumbar spine. There was 5/5 hip flexion, extension, and abduction strength. Deep tendon reflexes were symmetrical over the lower extremities. Lumbar spine x-rays were obtained and demonstrated no fracture or dislocation, well-preserved joint spaces, and normal alignment. The diagnosis was status post right total hip arthroplasty and lower back pain. The treatment plan recommended continued off work, continued physical therapy 2x6, and follow-up in 6 weeks. Authorization was requested for left total hip arthroplasty with 3 day inpatient stay on 2/27/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Total Hip 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 (ODG).

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: Arthroplasty.

Decision rationale: The California Medical Treatment Utilization Schedule does not provide recommendations for hip surgery. The Official Disability Guidelines recommend total hip arthroplasty when all reasonable conservative measures have been exhausted and other reasonable surgical options have been seriously considered or implemented. Criteria include exercise therapy (supervised physical therapy and/or home rehab exercises) and medications (unless contraindicated non-steroidal anti-inflammatory drugs or steroid injection). Subjective findings should include limited range of motion, or night-time joint pain, or no pain relief with conservative care. Objective findings should include over 50 years of age and body mass index less than 35. Imaging findings of osteoarthritis on standing x-rays or arthroscopy are required. Guideline criteria have not been met. This injured worker was 3 months status post right total hip arthroplasty with reported 85% overall improvement. There was no documentation of subjective complaints or objective clinical findings relative to the left hip. There was no evidence of functional limitation relative to the left hip. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial for the left hip and failure has not been submitted. There are no standing x-rays in the provided documents evidencing left hip osteoarthritis. Therefore, this request is not medically necessary.

3 Days inpatient stay: 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).

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: Hospital length of stay (LOS).

Decision rationale: As the surgical request is not supported, this request is not medically necessary.