

Case Number:	CM15-0068837		
Date Assigned:	04/16/2015	Date of Injury:	07/08/2012
Decision Date:	05/15/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/10/2015

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: Preventive Medicine, Occupational 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 55 year old female who sustained an industrial injury on 07/08/2012. Current diagnosis includes left hip labral tear. Previous treatments included medication management, physical therapy, ice, and rest. Previous diagnostic studies included an MRI of the left hip and x-rays of the pelvis and bilateral hips. Initial complaints included neck, mid and low back, and left hip pain after lifting a spa cover that weighed over 100 lbs from the ground. Report dated 03/11/2015 noted that the injured worker presented with complaints that included left hip injury with pain, stiffness and weakness. Pain level was rated as 10 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included discussion of treatment options, and a referral for possible total hip replacement vs. core decompression of the left hip. Disputed treatments include referral to total joint specialist for total hip arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to total joint specialist for 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), Hip & Pelvis (Acute & Chronic).

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

Decision rationale: The MTUS Guidelines do not address the use of total hip arthroplasty (THA) for the management of hip pain. The ODG recommends the use of hip arthroplasty when all reasonable conservative measures have been exhausted and other reasonable surgical options have been seriously considered or implemented. THA is indicated in patients who have not had improvements in pain control and range of motion with conservative care such as exercise therapy and medication use. Total hip arthroplasty is typically reserved for those patients over the age of 50 with a Body Mass Index of less than 35 unless there has been a completely shattered hip where reconstruction is not an option. Additionally, candidates should have significant osteoarthritis on standing Xray or arthroscopy. The injured worker's hip pain was subjectively reported to be alleviated with ice, rest and medications. Physical exam of the hip was reported to be unremarkable. Range of motion was reported to be improving from earlier exams and the hip was objectively described as stable and tracking well with range of motion. Orthopedic testing was negative for hip joint pathology. X-rays revealed only mild, bilateral, hip osteoarthritis. The request for referral to total joint specialist for total hip arthroplasty is determined to not be medically necessary.