

<b>Case Number:</b>	CM15-0073621		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	06/07/2002
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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: New York  
 Certification(s)/Specialty: Neurological 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 50 year old female who sustained an industrial fall injury on 06/07/2002. The injured worker was diagnosed with lumbar degenerative disc disease/spinal stenosis, lumbar radiculopathy, left sacroiliac (SI) joint pain and dysfunction, avascular necrosis of the hips bilaterally and chronic pain. Treatment to date includes diagnostic testing, multiple surgical interventions, epidural steroid injection, physical therapy, back brace and medications. The injured worker is status post lumbar fusion in 2012, right total hip arthroplasty, right total knee replacement in 2011 and core decompression of avascular necrosis of the left femoral head in July 2014. According to the primary treating physician's progress report on April 2, 2015, the injured worker continues to experience hip and low back pain. The injured worker rates her pain level at 7/10. Thoracic, lumbar back and hip examination was deferred due to restrictions of bending, back brace and pending surgery. Bilateral knees and ankles demonstrated full range of motion with motor and sensory intact. Patellar deep tendon reflexes were diminished. Ankle reflexes were intact bilaterally. The injured worker ambulates without assistive devices. Current medications are listed as Norco and Soma. Treatment plan consists of continue with weight loss, left sacroiliac (SI) radiofrequency Interferential Stimulation (IF) necessary, pain management and the current request for a left total hip replacement, inpatient hospital stay for 3 days, pre-operative medical clearance, pre-operative chest X-rays, Electrocardiogram (EKG), blood work, urinalysis and type and cross.

### 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), Hip & Pelvis.

**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 leg chapter.

**Decision rationale:** The ODG guidelines recommend hip replacement when all reasonable conservative measures have been exhausted. Documentation does not provide evidence this is the case. The guidelines advise that a Body Mass Index of less than 35 be obtained. Documentation is not provided this is the case. The requested treatment: Left total hip replacement is not medically necessary or appropriate.

**Inpatient hospital stay x 3 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.

**Preop 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.

**Preop CBC:** 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.

**Preop Chem 7:** 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.

**Preop PT/PTT:** 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.

**Preop UA:** 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.

**Preop EKG:** 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.

**Preop Chest xray:** 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.

**Preop blood type & cross:** 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.