

Case Number:	CM15-0075913		
Date Assigned:	04/27/2015	Date of Injury:	07/26/1994
Decision Date:	05/22/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/21/2015

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

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 58 year old male, who sustained an industrial injury on July 26, 1994. He has reported back pain and hip pain. Diagnoses have included chronic severe lower back pain, neuropathic pain of the right lower extremity, advanced osteoarthritis of the right hip, and myofascial pain/spasm. Treatment to date has included medications, physical therapy, use of a cane, multiple back surgeries, left total hip arthroplasty, and imaging studies. A progress note dated March 18, 2015 indicates a chief complaint of right hip pain radiating to the ankle. The treating physician documented a plan of care that included right total hip arthroplasty and associated services.

IMR ISSUES, DECISIONS AND RATIONALES

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

LOS Duration Unknown: 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 ODG, Hip and Pelvis, Hospital length of stay.

Decision rationale: CA MTUS/ACOEM is silent on the issue of length of stay following a total hip arthroplasty. According to the ODG, Hip and Pelvis, Hospital length of stay for a total hip replacement is a median of 3 days. In this case the request is for an unknown duration. Therefore the request is not medically necessary.