

<b>Case Number:</b>	CM14-0144669		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	04/22/2010
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2014

### 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. The expert reviewer is Board Certified in Orthopaedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 59-year-old male training officer sustained an industrial injury on 4/22/10 relative to a fall. He was diagnosed with an intertrochanteric fracture of the right femur and underwent surgical pinning on 4/23/10. He subsequently underwent right total hip replacement in July 2012 and developed an acute post-op hip wound infection in November 2012. There was a recurrence of the infection in January 2013. He underwent incision and drainage (I&D) of the right hip/femur with removal of infected bursa and synovectomy. The patient completed a 6-week course of IV antibiotics on 3/15/13. There was a recurrent infection at the right hip surgery site and he was again admitted to the hospital for I&D and began another 6-week course of antibiotic therapy on 6/18/13. There was an acute onset of C. Difficile colitis secondary to prolonged antibiotic therapy that resolved with long-term antibiotic therapy. The patient reported flu-like symptoms and pain and pressure build-up in the right hip and groin area in early 2014. Lab testing evidenced recurrent infection. He underwent removal of the infected right hip prosthesis with spacer implant on 2/28/14. On 4/13/14, he developed a severe and significant clot in both the left upper and right lower extremities and a pulmonary embolism from a patent foraminal ovale. He underwent a thrombectomy and was placed on Lovenox and Coumadin. The 7/24/14 treating physician report indicated the patient was finishing up his Coumadin and pending repair of the patent foraminal ovale. There was no evidence of recurrent deep vein thrombosis per scan. The plan was for hip re-implantation in September or October if medically cleared. He could not keep going with his leg as it was. Surgery, pre-operative testing, and post-operative services were requested. The 8/4/14 utilization review denied the request for right hip surgery and post-operative services as it has been recommended that the patient have no hip surgery until October. Pre-operative medical clearance and lab testing was certified. The 8/25/14 infectious disease/critical care consultant report indicated that the patient was medically stable to proceed

with re-implantation of a new prosthetic hip. The patient was doing well after closure of his patent foraminal ovale. The 8/28/14 treating physician report indicated that the patient had a temporary antibiotic spacer placed for infection. The right leg was 1.5 inch short and unstable. His infection appeared to have cleared. His cardiac status had stabilized. Removal of the temporary prosthesis, restoration of leg length, and hip revision was pending approval. The patient would get a Greenfield filter placed prior to surgery to prevent blood clot. He was stable to proceed.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Right total hip replacement, re-implantation: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, Revision total hip arthroplasty

**Decision rationale:** The Official Disability Guidelines recommend revision total hip arthroplasty for failed hip replacement or internal fixation. Revision total hip arthroplasty is a reasonably safe and effective procedure for failed hip replacement. Guideline criteria have been met. This patient has received appropriate infectious disease and cardiac clearance to proceed with re-implantation of the right total hip replacement. Therefore, this request is medically necessary.

#### **Assistant surgeon: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid services, Physician Fee Schedule

**Decision rationale:** The California MTUS guidelines do not address the appropriateness of assistant surgeons. The Center for Medicare and Medicaid Services (CMS) provide direction relative to the typical medical necessity of assistant surgeons. The Centers for Medicare and Medicaid Services (CMS) has revised the list of surgical procedures which are eligible for assistant-at-surgery. The procedure codes with a 0 under the assistant surgeon heading imply that an assistant is not necessary; however, procedure codes with a 1 or 2 implies that an assistant is usually necessary. For this requested surgery, CPT Code 27134, there is a "2" in the assistant surgeon column. Therefore, based on the stated guideline and the complexity of the procedure, this request is medically necessary.

#### **Postoperative : Home health nurse: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

**Decision rationale:** The California MTUS recommends home health services only for otherwise recommended treatment for patients who are homebound, on a part time or intermittent basis, generally no more than 35 hours per week. Guideline criteria have not been met. There is no current frequency/duration of home health nursing being requested. The specific treatment that requires home health nursing is not documented. In the absence of this information, the medical necessity cannot be established. Therefore, this request is not medically necessary.

**Postoperative: Physical therapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 23.

**Decision rationale:** The California MTUS Post-Surgical Treatment Guidelines for hip arthroplasty suggest a general course of 24 post-operative visits over 10 weeks during the 4-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Post-operative physical therapy for this patient would be reasonable within the MTUS recommendations. However, this request is for an unknown amount of treatment which is not consistent with guidelines. Therefore, this request is not medically necessary.