

Case Number:	CM13-0068763		
Date Assigned:	01/03/2014	Date of Injury:	09/01/2010
Decision Date:	06/12/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/19/2013

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 Orthopedic 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:

The records reviewed indicate that this 52 year old individual sustained a compensable injury in September, 2010. The current diagnosis is noted to be contusion of the hip. The most recent progress note indicates ongoing complaints of left hip pain. There is reported difficulty with standing and walking. It was noted there is a well-healed surgical scar and a slight decrease in hip range of motion. There is a history of a total hip arthroplasty (completed prior to the date of injury). Repeat radiographs were unchanged from the original studies obtained. The physician progress note dated January 15, 2013 noted complaints of pain with activities of daily living, no improvement from the prior injections/blocks completed and ongoing complaints of hip pain. The diagnosis of lumbosacral sprain/strain and a left hip contusion are identified. Injection therapies into the lumbar spine were not helpful leading the treating provider to think that the intrinsic hip issues are the pain generator. Repeat films noted the ectopic calcification and a well-positioned arthroplasty device in the left hip. Previous evaluation there might be evidence of a loosening of the femoral component of the left hip arthroplasty. Multiple additional follow-up evaluations are noted with no overt change reported on physical examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

A BONE SCAN OF THE LEFT HIP: 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 ODG, Hip & Pelvis Chapter.

Decision rationale: When noting the date of injury, the injury sustained, the date of the total hip arthroplasty for the left hip as well as the current imaging studies and physical examination findings; tempered by the treatment plan parameters outlined in the ODG (MTUS/ACOEM does not address) appropriate MR imaging studies should be completed prior to such a nucleotide flow study. It is noted that this type of film is less specific than MRI. Given there is no history of infection or stress fracture, there simply is no clinical data presented to support the study. As such, this request is not clinically indicated.