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| Case Number: | CM14-0016614 | | |
| Date Assigned: | 04/11/2014 | Date of Injury: | 12/07/2001 |
| Decision Date: | 05/29/2014 | UR Denial Date: | 01/22/2014 |
| Priority: | Standard | Application Received: | 02/10/2014 |

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 Occupational Medicine 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 patient is a 53-year-old male who was injured on 12/07/2001. The mechanism of injury is unknown. The patient was treated for chronic low back pain with radiation into the lower extremities, bilaterally, per the most recent progress report, dated 01/07/2014. According to the notes, radiographs of the hips reveal well-positioned and well-fixed hips bilaterally. The right hip has a polyethylene liner. It is recommended that screening blood tests are obtained to rule out infection as well as a bone scan of the right hip as a screening tool for loosening. Follow-up evaluation note dated 01/07/2014 states the patient returns today four months since revision of his left total hip arthroplasty and he has had a good result on that side. He has essentially no pain in the left hip and is walking without any assistive devices. He continues to complain of constantly worsening pain in the right hip, which was also replaced in 2010. He has this pain even at rest, but it is worse when standing and walking. The operative note has been obtained from [REDACTED] and this discusses the sizes, but unfortunately does not discuss the brand or type of implant that was used.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 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 Non-MTUS Citation: ACOEM Guidelines,

Chapter 12 (Low Back Complaints) (2007), Pg 61; Official Disability Guidelines, 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) , Hip And Pelvis, Infectious Diseases.

Decision rationale: The Expert Reviewer's decision rationale: This is a request for bone scan of the L hip in a 53 year old male patient with history of bilateral hip replacement, the left done approximately 4 months prior to the request. Guidelines recommend bone scan to rule out infection, operative hardware loosening, arthropathies, metastases, and fracture. The patient does not have any symptoms, exam, or diagnostic findings to suggest infection or hardware loosening of the left hip. Medical necessity is not established.