

Case Number:	CM14-0045829		
Date Assigned:	07/02/2014	Date of Injury:	03/06/2013
Decision Date:	08/25/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/14/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 42-year-old female who reported a slip and fall on 03/06/2013. On 03/04/2014, her diagnoses included an unspecified disorder of the joint, pelvic region, and thigh, enthesopathy of the hip, hip pain in the pelvis and thigh, intervertebral disc disorder with myelopathy of the lumbar region and severe obesity with a body mass index of 40+. An ultrasound of the hip on 02/18/2014 found trochanteric bursitis and gluteus medius bursitis. There was negative capsular thickening, negative capsular distention, negative rectus tendonitis, negative iliopsoas bursitis, and negative tendonitis at gluteus maximus insertion. The request for authorization dated 04/02/2014 was included in the submitted paperwork. There was no rationale included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total Body Bone Scan: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 61-62. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Bone Scans of the Lower Back, Hip and Pelvis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Bone densitometry.

Decision rationale: Official Disability Guidelines (ODG) recommend bone scans for selected patients to determine whether osteoporosis is present in individuals of appropriate age and risk factors having an injury including a fracture. Osteoporosis does not appear to have a direct causal relationship to work injury or work exposures, so authorization of services for diagnosis or treatment of osteoporosis should not be commonly considered or approved in Workers' Compensation cases. There was no indication of any fracture. She is not being treated for osteoporosis. Her symptomatology is related to her hip and pelvis. Therefore, there was no justification for a total body bone scan. The request for a total body bone scan is not medically necessary and appropriate.