

<b>Case Number:</b>	CM14-0067596		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	05/19/2009
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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, has a subspecialty in Interventional Spine 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 42-year-old male with a date of injury of 05/19/2009. According to progress report 04/23/2014 by [REDACTED], the patient presents with chronic lower back ache and bilateral hip pain. This patient is status post right hip arthroscopy on 10/03/2013. His current medications include Flexeril 10 mg and oxycodone 15 mg. MRI of the right hip from 02/19/2013 reveals mild osteoarthritic changes with mild degenerative osteophyte formation at the femoral head-neck juncture and superolateral acetabulum. On 11/29/2013, the patient was administered a right hip intraarticular injection. The treater is requesting blood work to evaluate for heavy metals, including cobalt and chromium, as there had been some issues reported from hip implants performed by [REDACTED], who performed patient's hip replacement. Utilization review denied the request on 05/06/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Blood work to evaluate for heavy metals to include cobalt and chromium.:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment Guidelines, page 8.

**Decision rationale:** This patient presents with chronic low back ache and bilateral hip pain. The treating physician is requesting blood work to evaluate the patient for heavy metals including cobalt and chromium as there have been issues reported from his prior hip implants. Utilization review denied the request stating there is lack of guidelines support for such testing and the patient exhibits no signs or symptoms to suggest possible complications from the hip implant. The ACOEM, MTUS, and ODG Guidelines do not discuss blood work to evaluate for heavy metals for patients who have undergone hip replacements. MTUS 8 page has the following, The physician should periodically review the course of treatment of the patient and any new information of the etiology of the pain or the patient's state of health. MTUS further states If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. This patient is status post right hip arthroscopy on 10/03/2013. In this case, given the patient's past history of hip replacement and the treating physician's concern of cobalt and chromium in the patient's blood, blood work for further evaluation is reasonable and medically necessary.