MAXIMUS Federal Services

Case Number:	CM14-0187189		
Date Assigned:	12/15/2014	Date of Injury:	12/18/2010
Decision Date:	03/24/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51 year old male who sustained multiple industrial injuries when his vehicle caught fire on December 18, 2010. The injured worker suffered injuries to his right leg, right knee, abdomen, rib fractures, pneumothorax, dislocated left hip and burns to his face, hands and fingers. The injured worker underwent open reduction internal fixation of the right femur, right knee arthroscopy and meniscectomy and multiple surgical procedures of the face and hand for debridement, grafting and reconstruction. The orthopedic report on July 30, 2014 notes the patient has abdominal pain, difficulty eating and weight loss however, this was not expounded upon. There was no other documentation of current abdominal or gastrointestinal complaints or discussion of past abdominal surgical interventions performed. The patient has a history of gastric ulcers. Current medications consist of Norco.The treating physician requested authorization for HIDA Scan.On October 22, 2014 the Utilization Review denied certification for HIDA Scan.Since the Medical Treatment Utilization Schedule (MTUS), the American College of Occupational and Environmental Medicine (ACOEM) and the Official Disability Guidelines (ODG) do not make any recommendations for this request, alternative guidelines from the National Guideline Clearinghouse were used in the decision process.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hilda Scan: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghous

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.nlm.nih.gov/medlineplus/ency/article/003826.htm

Decision rationale: The patient presents with right knee pain along with swelling in the leg, joint pain, and chronic pain in bilateral hands and face, as per progress report dated 09/29/14. The request is for HILDA SCAN. There is no RFA for this case, and the patient's date of injury is 12/18/10. The patient is status post removal of hardware deep screws in the right knee, as per operative report dated 06/02/11. He is also status post ORIF of right femur in 2010, abdominal surgery, as well as surgeries related to burns of hands and face, as per progress report dated 09/29/14. Diagnoses, as per the same report, includes meniscus tear, and lateral right knee with degenerative changes. In progress report dated 07/30/14, the patient complains of pain and intermittent swelling in the right hand along with stiffness of right thumb, index, long and ring fingers. The available progress reports do not document the patient's work status.MTUS, ODG and ACOEM guidelines are silent on HIDA scans. MedlinePlus, a service of the U.S. National Library of Medicine, at http://www.nlm.nih.gov/medlineplus/ency/article/003826.htmstates that Hida scan "uses radioactive material to check gallbladder function. It is also used to look for bile duct blockage." It also states that "This test is very good for detecting a sudden infection of the gallbladder or blockage of a bile duct. It is also helpful in determining whether there is rejection of a transplanted liver. The test can also be used to detect long-term gallbladder problems."In this case, progress report dated 09/29/14 states that the patient underwent an abdominal surgery and has history of gastric ulcers but does not provide any other details. The UR denial letter, however, states that the patient had "one year of abdominal pain, sharp epigastric pain, nausea, anorexia and early satiety." These findings in the UR letter were based on progress report dated 07/21/14. However, this report is not available for review at this time. Nonetheless, the treater does not document specific symptoms that indicate the need for HIDA scan. Hence, the request IS NOT medically necessary.