

Case Number:	CM15-0101050		
Date Assigned:	06/03/2015	Date of Injury:	03/22/2014
Decision Date:	07/09/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	05/26/2015

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: New York
 Certification(s)/Specialty: Internal Medicine

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 58 year old male, who sustained an industrial injury on 3/22/14. He reported injuries to his knees, low back and left upper extremity after slipping and falling forward. The injured worker was diagnosed as having lateral meniscus tear with moderate degenerative joint disease of left knee, moderate left knee joint effusion with synovial hypertrophy, ATFL full thickness tear of left ankle, posterior tibial posttraumatic spur, sensory polyneuropathies, lumbar facet hypertrophy, left wrist tendinopathy, hairline fracture of distal radius and chronic myofascial pain syndrome. Treatment to date has included epidural steroid injection to lumbar spine, oral medications including NSAIDS, physical therapy, home exercise program and lumbar brace. He is currently on temporary disability until ankle surgery is performed. Currently, the injured worker complains of left foot pain rated 6-8/10 and shooting pain in low back. Physical exam noted left foot in a walking boot, diminished sensation to light touch along medial and lateral border of left leg, foot and calf. Tenderness to palpation of paravertebral muscle with spasm is noted in lumbar spine with restricted range of motion. The treatment plan included continuation of oral medications, home exercise program and scheduling of left foot surgery. A request for authorization was submitted for a Rubidium PET scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rubidium PET scanning: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Society of Nuclear Medicine PET/CT Utilization Task Force Guidelines for cardiac PET and PET/CT Imaging. Perfusion of the heart using Rubidium.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2015: Rubidium Pet Scan.

Decision rationale: Medscape Internal medicine states that a PET Myocardial Perfusion (MP) Stress Test, also called a Rubidium PET/CT is a procedure that evaluates the blood flow (perfusion) through the coronary arteries to the heart muscle using a radioactive tracer. The completed exam consists of intravenous access, resting images, a stress test (performed by use of a medication, no exercise or treadmill), and stress imaging. There is no specific indication for the test. In this case, the claimant has not undergone any formal Cardiology evaluation. There is no specific recommendation from Cardiology for the requested PET study. Medical necessity for the requested study is not established. The requested study is not medically necessary.