

Case Number:	CM15-0181412		
Date Assigned:	09/22/2015	Date of Injury:	10/01/2009
Decision Date:	10/27/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/15/2015

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 64 year old male who sustained an industrial injury on 10-01-2009. On 06-23-2015, the injured worker reported that pain and weakness in the left hip was worse since the last visit. He reported "mild" left hip and groin pain with a rating of 4 on a scale of 1-10. He had an injection to his left bursal sac in May, but there was no fluid in his hip to aspirate. He was currently taking Morphine as needed for pain. Since his last visit, he developed a blood clot in the right leg that traveled up into a pulmonary embolism. CT scan of the left hip performed on 05-18-2015 revealed status post left hip non-cemented total arthroplasty in anatomic alignment, old fracture deformity of the proximal right femur extending distally from the intertrochanteric region with prominent bony callus formation and no dislocation or subluxation of the left hip. MRI of the left hip performed on 05-18-2015 showed limited evaluation secondary to significant blooming artifact arising from the total left hip replacement and status post posterior spinal fusion. Lab results included a sedimentation rate 2, white blood cell count 9.3 and CRP 0.21. He was very anxious about his elevated metal ions. The provider noted that the injured worker had not had any metal ions tested since February. Therefore an order was written for metal ions to be checked. According to a progress report dated 08-20-2015, the injured worker reported "mild" pain with a rating of 3-4 on a scale of 1-10. Pain was increased with general movement and when sleeping. He was taking Morphine as needed for pain. Diagnoses included hip pelvis pain, hip joint replacement, hip traumatic arthritis hip, hip degenerative joint disease and pain in limb. The provider noted that the injured worker would require a MARS MRI as well as a CT scan regarding metal on metal evaluation with elevated cobalt levels. The injured worker was retired. On 08-31-2015, Utilization Review non-certified the request for MARS MRI without contrast

1.5 Tesla or greater of the left hip, CT scan with 3D reconstruction of the left hip and ION level: Titanium, Cobalt and Chromium in whole blood.

IMR ISSUES, DECISIONS AND RATIONALES

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

MARS MRI without Contrast 1.5 Tesla or Greater of the Left Hip: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hip & Pelvis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014.

Decision rationale: A metal artifact reduction sequence (MARS) is intended to reduce the size and intensity of susceptibility artifacts resulting from magnetic field distortion. A variety of techniques are used for reducing metal artifacts at MRI, both for addressing artifacts due to the presence of metal in the image plane (in-plane artifacts) and for artifacts due to metal in an adjacent plane (through-plane artifacts). The patient underwent an MRI of the hip 5/15 which demonstrated artifact from the hip replacement. MARS MRI would reduce the artifact and provide more information regarding the stability of the replacement. The patient continues to complain of hip pain which requires opiates for relief. Medical necessity for the requested MARS MRI is established. The requested MARS MRI is medically necessary.

CT Scan with 3D Reconstruction 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 ODG Treatment Hip & Pelvis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) CT of the Hip.

Decision rationale: ODG states that CT of the hip may be used to obtain pre-surgical measurements for a certain hip conditions, including femoroacetabular impingement (a condition in which the ball and socket of the hip joint rub together abnormally, thereby damaging the cartilage that lines the ends of the bones) or osteoid osteoma (a benign tumor). CT also reveals more subcondral fracture in osteonecrosis of the femoral head. In this case, the patient had an MRI of the hip 4/27/15. There is no specific indication for the requested CT of the hip given the recent MRI of the hip. Medical necessity for the requested item is not established. The requested CT scan is not medically necessary.

ION Level: Titanium, Cobalt and Chromium in Whole Blood: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014.

Decision rationale: The new guidelines state that all patients with metal hip implants made from a metal cup with a 36mm ball or larger should have regular blood tests to establish if metal has leaked. The test should be repeated after three months and if the metal ion level has risen the patient should be given an MRIs scan to check for muscle damage. People with extremely high metal ion levels should have the hip removed. In this case, the patient had elevated cobalt and chromium levels in 2/15 and he continues with pain requiring opiates for pain control. The guidelines recommend periodic testing of metal ions to determine the need for removal of the prosthesis. Medical necessity for the requested tests is established. The requested tests are medically necessary.