

<b>Case Number:</b>	CM15-0209621		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	04/19/2015
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2015

### 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: California, Hawaii

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:

This is a 52-year-old female with a date of industrial injury 4-19-2015. The medical records indicated the injured worker (IW) was treated for lumbar radiculopathy and left hip strain. In the progress notes (8-26-15, 9-10-15), the IW reported some improvement, but still had left hip pain with motion and weight bearing activities. On examination (9-10-15 notes), there was no tenderness in the left hip, the pelvis or sacroiliac joint. There was no pain with resisted straight leg raising or axial compression. Motion was slightly limited compared to the right side, possibly due to pain. Her gait was non-antalgic and she was able to heel and toe walk without difficulty. Patchy decreased sensation was noted in the bilateral lower extremities, mostly in the left L5 distribution. Treatments included chiropractic therapy; physical therapy and acupuncture, which did not provide lasting relief (8-26-15 progress notes); and activity modification. MRI and x-rays of the left hip on 9-10-15 showed an unusual lesion in the intertrochanteric region; the radiologist was unsure if this was a primary bone lesion or an aggressive lesion and advised the referring provider to evaluate this further. According to the 9-10-15 progress notes, an MRI of the left hip on 9-4-15 showed no significant hip pathology. The IW was temporarily totally disabled. A PET scan was advised for further evaluation of a left intertrochanteric lesion noted on x-ray and MRI on 9-10-15; the lesion was not noted by the requesting provider on the 9-4-15 MRI, according to his 9-10-15 notes. This could be a red flag. A Request for Authorization dated 9-17-15 was received for positron emission tomography (PET) scan left hip. The Utilization Review on 10-7-15 non-certified the request for positron emission tomography (PET) scan left hip.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Positron emission tomography (PET) scan left hip:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip and Pelvis, Positron emission tomography (PET).

**Decision rationale:** The patient presents with pain affecting the left hip. The current request is for Positron emission tomography (PET) scan left hip. The treating physician report dated 9/17/15 states, "He feels with medical probability that this represents benign cyst; however, he cannot be 100% certain, and he has recommended additional diagnostic studies including CT scanning and PET scanning." The MTUS guidelines do not address the current request. The ODG guidelines recommend PET scans of the hip for "detecting suspected inflammation and infection in hip prosthesis." The medical reports provided show no evidence that the patient presents with a hip prosthesis. In this case, the current request does not satisfy the ODG guidelines as outlined in the "Hip and Pelvis" chapter. The current request is not medically necessary.