

Case Number:	CM15-0217189		
Date Assigned:	11/06/2015	Date of Injury:	01/01/2001
Decision Date:	12/24/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/04/2015

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

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 injured worker is a 70 year old male, who sustained an industrial injury on January 1, 2001. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having other complications due to internal joint prosthesis right, osteoarthritis unspecified whether generalized or localized of pelvic region and left thigh, left hip joint replacement, painful right total hip arthroplasty 07-14-05 and stable status post left total hip arthroplasty 07-02-02. Treatment to date has included diagnostic studies, surgery and medications. On August 27, 2015, the injured worker complained of right hip, groin and anterior thigh pain. He reported his major concern would be that his right leg will give way, as this was noted to occur intermittently. When he tries to stand on his right leg only, he develops medial thigh pain. He noted a limp at times of the right but uses no ambulatory aid. Physical examination of the right hip revealed mild tenderness to palpation over the trochanter. Range of motion of the right hip was 0-95 degrees with 50 degrees abduction, 10 degrees adduction, 15 degrees extra rotation and 20 degrees internal rotation. Abductor strength was graded 5 minus out of 5. X-rays were performed on the pelvis, lateral bilateral hips and upper two thirds of the femur. X-rays showed bilateral Zimmer cementless total hip arthroplasties, both acetabular components appeared osteo-integrated transfixated by two screws. Both femoral heads were concentric, the right 36mm and the left 32mm. Both ZMR cement femoral components appeared osteo-integrated with no osteolytic lesions identified. There was an incomplete pedestal about the left distal stem tip. The treatment plan included bone and indium scans to rule out into stem

pain. On October 30, 2015, utilization review denied a request for indium scan of the right total hip arthroplasty. A request for bone scan of the right hip arthroplasty was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Indium scan of the right total hip arthroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/10794224.

Decision rationale: Based on the 8/27/15 progress report provided by the treating physician, this patient presents with right hip pain and is 10 years s/p right total hip arthroplasty and 13 years s/p left total hip arthroplasty. The treater has asked for Indium scan of the right total hip arthroplasty on 8/27/15. The request for authorization was not included in provided reports. The patient was first seen by the treater in August of 2010, at which time he was being followed for probable end of stem pain and trochanteric bursitis about the right hip per 8/27/15 report. In 2010, the patient had slight right lateral thigh pain that worsened with walking, but no left hip pain per 8/27/15 report. The patient is currently complaining of pain on the right-side of the hip, anterior thigh pain, and now pain in the groin per 8/27/15 report. The patient's main concern is that the right leg will give way, as it occurs intermittently and he does not have any pain before it occurs per 8/27/15 report. The patient ambulates with a limp on his right side but does not use any ambulatory aids per 8/27/15 report. The patient is stable on his current medication regimen, but has not been getting his Vicodin per 4/16/15. The patient has persistent paresthesias in his bilateral hands which cause him to drop objects unexpectedly per 4/16/15 report. The patient's work status is not included in the provided documentation. Per www.beaumont.edu, indium bone scan (white blood cells scan) is typically used to discover presence of infection. Per NCBI website journal article at www.ncbi.nlm.nih.gov/pubmed/10794224 entitled "The predictive value of indium-111 leukocyte scans in the diagnosis of infected total hip, knee, or resection arthroplasties" by Scher, Pak, Lonner, Finkel, Zuckerman, and Di Cesare: "The results of this study suggest limited indications for the use of the indium-111 scan in the evaluation of painful hip, knee, or resection arthroplasties. A negative indium scan may be helpful in suggesting the absence of infection in cases in which the diagnosis is not otherwise evident." According to the requesting 8/27/15 report, the treater states: "I have recommended that we obtain bone and indium scans to rule out into stem pain. As he has been having pain for years I doubt he has a subclinical infection; indium scan would be helpful however." Utilization review letter dated 10/30/15 denies request stating that an indium scan would be appropriate following the results from the certified bone scan. In this case, the treater does not discuss any x-ray findings, or updated CT scan looking for evidence of infection. In addition, the treater does not suspect an infection due to ongoing pain of over 10 years, but is requesting indium scan to rule out stem pain. There is no discussion in the guidelines for the use of indium scan for this purpose, as indium scans are generally utilized to discover the presence of infection. Therefore, the request is not medically necessary.