

Case Number:	CM15-0053930		
Date Assigned:	03/27/2015	Date of Injury:	08/10/2009
Decision Date:	05/07/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/21/2015

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, Tennessee
 Certification(s)/Specialty: Emergency 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 54 year old male who sustained a work related injury August 10, 2009. While disconnecting a trailer from a tractor truck; he injured his right back, right shoulder and right buttock. He underwent x-rays of the cervical spine, was prescribed medication, and over the course of initial care, received physical therapy. Past history included s/p right rotator cuff repair, s/p right total hip arthroplasty. According to a treating physician's progress notes, dated February 2, 2015, the injured worker presented with complaints right hip pain and sharp right groin pain on weight bearing, driving, and walking. This pain started post-operative right total hip arthroplasty September 24, 2013. He is currently taking Norco for pain and walking with a cane. Diagnoses included pain in joint pelvic region and thigh; localized, primary osteoarthritis of the pelvic region and thigh; psoas tendinitis. Treatment plan included request for right hip arthrogram and labwork.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right hip arthrogram injection with dye to the psoas sheath anterior with locan anesthetic and fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate: Imaging techniques for evaluation of the painful joint.

Decision rationale: Arthrography refers to imaging following the injection of contrast material into a joint, and is often performed with fluoroscopic guidance. The boundary between contrast and soft tissue structures makes the surfaces of intraarticular structures visible. Using sterile technique and local anesthesia, the joint space is entered with a needle. Synovial fluid may be aspirated for diagnostic purposes. Next, a contrast agent, such as iodinated contrast, is typically injected. However, in some of the patients who are not able to tolerate contrast, most often because of allergy, air can be injected into the joint to serve as a contrast agent. Additionally, medication (eg, anesthetic and/or glucocorticoid) can be injected into the joint for therapeutic purposes as part of an arthrographic procedure. Arthrography facilitates identification of intraarticular ("loose") bodies, certain ligament or tendon injuries, synovial or cartilage abnormalities, sinus tracts, sinus cavities, and loosening of joint prostheses. During the fluoroscopic portion of the examination, "real-time" tracking of contrast as it passes into and fills the joint can highlight abnormalities such as synovitis or abnormal leakage. Arthrography can also be performed using either computed tomography (CT) (CT arthrography) or magnetic resonance imaging (MRI) (MR arthrography, using a dilute gadolinium solution). In this case, the patient has known right hip disease with tear of the labrum and synovitis, identified on MRI of the right hip 2010. There is no indication for arthrogram. The request should not be authorized.

Labs: Complete blood count (CBC), Quantitative C-Reactive protein (CRP), Erythrocyte sedimentation rate (ESR) and Comprehensive metabolic panel (CMP) serum or plasma:
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate: Preoperative medical evaluation of the healthy patient.

Decision rationale: Complete blood count is a blood test that gives information on hemoglobin, white blood cells, and platelets. Anemia is present in approximately 1 percent of asymptomatic patients. The frequency of significant unsuspected white blood cell or platelet abnormalities is low. The patient has no symptoms of anemia. CBC is not recommended. Chem panel is a blood test that measures renal function, blood glucose, and electrolytes. Mild to moderate renal impairment is usually asymptomatic; the prevalence of an elevated creatinine among asymptomatic patients with no history of renal disease is only 0.2 percent. The frequency of unexpected electrolyte abnormalities is low (0.6 percent in one report). The frequency of

glucose abnormalities increases with age; almost 25 percent of patients over age 60 had an abnormal value in one report. The patient has no symptoms of diabetes or renal disease. Chemistry panel is not recommended. ESR and CRP are acute phase reactants. The measurement of serum acute phase reactant (APR) levels is useful because abnormalities generally reflect the presence and intensity of an inflammatory process. However, APR measurements in clinical use are not specific to any particular disease, nor can they distinguish infection from other causes of acute and chronic inflammation. The most widely used indicators of the acute phase response are the erythrocyte sedimentation rate (ESR) and C-reactive protein (CRP) levels. Acute phase reactants are useful for monitoring specific disease activity, such as rheumatoid arthritis, polymyalgia rheumatic, systemic lupus erythematosus, or osteomyelitis. There is no documentation that the patient is diagnosed with any conditions that would need monitoring by acute phase reactants. ESR and CRP are not indicated. The request should not be authorized.