

Case Number:	CM14-0146113		
Date Assigned:	09/12/2014	Date of Injury:	06/09/1999
Decision Date:	10/14/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/09/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant has a history of a work injury occurring on 06/09/99. She continues to be treated for neck pain, low back pain, left shoulder pain, and right hip pain. She has arthroscopic rotator cuff surgery and a cervical spine fusion. She has not returned to work since 2005. An evaluation on 05/21/12 references a history of multiple falls. She had a worsening of hip symptoms. She was taking Percocet 4-5 times per day and using a Lidoderm patches. She was having severe pain limiting her activities of daily living. Her history of right hip pain was reviewed and included an MRI of the right hip in April 2008 which showed a partial gluteus muscle tear. She fell in November 2013 and had worsening hip pain. She had fallen two weeks before this evaluation. Physical examination findings included marked right greater trochanteric bursa tenderness. She had decreased spinal and hip motion also with pain. There was normal strength. Straight leg raising was negative. Diagnoses included trochanteric bursitis with a partial gluteus medius tear. An MRI arthrogram of the right hip on 09/17/13 showed findings consistent with bursitis and partial gluteus medius and minimus tears. She was seen by the requesting provider on 04/16/14. She was having right hip pain which was poorly localized. Symptoms had increased after a fall four months before. Prior treatments had included physical therapy and she was using an assistive device. She was on multiple medications. Physical examination findings included mild lumbar tenderness with decreased and painful range of motion. She had right lower extremity weakness. She had a positive right Trendelenberg sign with positive Fabere test. There was trochanteric tenderness. An x-ray was obtained and reported as negative. Authorization for physical therapy was requested. On 05/29/14 she had ongoing right hip pain. Physical examination findings included an anxious affect and inconsistent/tangential reporting of history. Physical examination findings appear unchanged. The assessment references right hip

myofascial pain. On 06/30/14 she had a worsening of symptoms. There had been no interim injury. Surgery for arthroscopic tendon repair had been recommended. Pain was rated at 7/10. She had not started physical therapy. On 07/25/14 she had ongoing pain. Physical examination findings appear unchanged. Authorization for a bone scan was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone scan of the hip: 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 and Pelvis Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic), Bone scan (radioisotope bone scanning)

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for right hip pain. She has a history of multiple falls. Guidelines recommend a bone scan when there is an absence of access to MRI which is a more specific test. In this testing has already included an MRI arthrogram of the right hip on 09/17/13 which showed findings consistent with bursitis and partial gluteus medius and minimus tears which correlates with the physical examination findings. There is a treatment plan that includes arthroscopic tendon repair. There has been no significant change in her condition since the MRI arthrogram was obtained. Recent x-rays were negative for acute injury. Therefore the requested bone scan is not medically necessary.