

<b>Case Number:</b>	CM15-0114066		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	06/28/2007
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: Preventive Medicine, Occupational 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 63 year old male, who sustained an industrial injury on 06/28/2007. He has reported subsequent low back, bilateral hip and knee pain and was diagnosed with multiple level degenerative disc disease of the lumbar spine, severe facet spondylosis, arthritis of both hips status post total hip replacements and arthritis of both knees status post total knee replacements. The injured worker was also diagnosed with diabetes mellitus. Treatment to date has included medication, lumbar epidural injections, lumbar medial branch blocks, physical therapy and surgery. In a progress note dated 05/19/2015, the injured worker complained of an increase in low back and leg pain with radiation to the lower extremities associated with numbness and tingling. He also reported difficulty with balance and walking due to pain. Objective findings were notable for wide based gait with slow cadence and right antalgic gait, very restricted range of motion of the lumbar spine, moderate tenderness to palpation of the low back over the spinous processes, paraspinal muscles, sacroiliac joints and sciatic nerves, significant low back and right buttock pain with straight leg raise test in the seated position at 30 degrees on the right side and 50 degrees on the left side and very limited range of motion of the bilateral hips. The physician noted that the injured worker's hip replacements had been recalled and that the injured worker had requested the cobalt chrome levels in his blood be rechecked. The physician also noted that he would request a health club membership to provide a safe facility where the injured worker could exercise. A request for authorization of laboratory blood test for cobalt chrome levels and health club membership for one year was submitted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Laboratory blood test for cobalt chrome levels:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3715816>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.fda.gov](http://www.fda.gov).

**Decision rationale:** MTUS and ODG do not address cobalt testing in total hip replacement, therefore, other guidelines were consulted. Per the Federal Drug Administration (FDA) the use of additional testing for asymptomatic patients with total hip replacements are listed here: If the orthopaedic surgeon feels the hip is functioning properly and the patient is asymptomatic, the FDA does not believe there is a clear need to routinely check metal ion levels in the blood or perform soft tissue imaging. Findings of lesions on soft tissue imaging, or of elevated blood metal ion levels in the absence of symptoms have been reported in a limited number of research studies for some (metal-on-metal) MoM hip implant patients. These studies are difficult to interpret because: The exact incidence or prevalence of asymptomatic lesions and their natural history is not known. The correlation between elevated blood metal ion levels and development of future local or systemic system adverse reactions is not well established. If the orthopaedic surgeon determines it is in the best interest of the patient to conduct soft tissue imaging, please review FDA's recommendations. If the orthopaedic surgeon determines it is in the best interest of the patient to measure metal ion levels, please review FDA's recommendations. In this case, cobalt chrome levels are requested due to a reported hip replacement recall. There is no evidence of this reported recall and there is no mention of symptoms related to metal poisoning in the available documentation. The request for laboratory blood test for cobalt chrome levels is determined to not be medically necessary.

### **Health club membership (x1 year):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, <http://www.odg-twc.com/odgtwc/pain.htm>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter/Gym Memberships Section Low Back Chapter/Gym Membership Section.

**Decision rationale:** The MTUS Guidelines do not address the use of gym membership. The ODG does not recommend gym membership as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. There is no evidence in the available documentation that the injured worker has attempted a home exercise program. There is also no indication that the exercises that the injured worker needs to perform require special

equipment that may necessitate a gym membership. The request for health club membership (x1 year) is determined to not be medically necessary.