

<b>Case Number:</b>	CM15-0117869		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	08/17/2004
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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 Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 an industrial injury on 8/17/2004 resulting in right hip pain and limited range of motion. The injured worker was diagnosed with degeneration to the right hip, and presently, osteolysis; severe osteoarthritis; and, status-post right total hip replacement. Treatment has included the right total hip replacement, excision of heterotopic bone, pain medication, and physical therapy. The injured worker has resumed reporting severe pain and reduced functionality. The treating physician's plan of care includes possible total hip revision and a bone scan to the right hip. Present work status is not stated in provided medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bone scan of the right 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 (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** According to ODG guidelines, Bone scan (imaging) “Recommended after total knee replacement if pain caused by loosening of implant suspected. In pain after total knee arthroplasty, after a negative radiograph for loosening and a negative aspiration for infection, a bone scan is a reasonable screening test. Evaluation of 80 bone scans in patients with symptomatic TKAs found that the method distinguished abnormal patients (loosening or infection) from normal ones with a sensitivity of 92%.” There is no clear evidence that the patient developed one of the above conditions. Therefore, the request of bone scan of right hip is not medically necessary.