

<b>Case Number:</b>	CM15-0176392		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	07/07/2010
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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 58 year old male, who sustained an industrial injury on July 7, 2010. He reported neck pain, left hip pain, left shoulder pain. The injured worker was diagnosed as having closed head injury with concussion, cervical disc fusion with residual radiculitis and weakness of the left upper extremity, osteoarthritis of the left knee, status post scoliosis fusion of thoracolumbar region, cervical disorder, left shoulder impingement, cervical degenerative disc disease and status post left shoulder arthroscopy. Treatment to date has included diagnostic studies, radiographic imaging, surgical intervention of the left shoulder, medications and work restrictions. Currently, the injured worker continues to report neck pain, left hip pain and left shoulder pain. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. He was without complete resolution of the pain. Evaluation on July 1, 2015, revealed continued pain as noted. He rated his pain at 6 on a 1-10 scale with 10 being the worst. Evaluation on July 30, 2015, revealed continued pain as noted. He rated his pain at 10 on a 1-10 scale with 10 being the worst. It was noted his status was temporarily totally disabled and that he had not worked since the previous year. Left hip x-ray revealed a possible occult fracture. It was noted cervical range of motion rotation to the left and right at 15 degrees caused pain. Spurling's test was noted as positive to the left upper extremity and flexion and extension was noted as painful at 15 degrees. It was noted flexion and extension was at 10% of normal. Faber test was noted as positive. The treatment plan included bilateral computed tomography scans of the bilateral hips. RFA included requests for Retrospective CT scan of the left hip DOS: 7/30/2015

and Retrospective CT scan of the right hip DOS: 7/30/2015 and was non-certified on the utilization review (UR) on August 19, 2015.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Retrospective CT scan of the left hip DOS: 7/30/2015: 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) Treatment for Workers' Compensation, Online Edition (updated 8/4/2015) Chapter Hip & Pelvic, CT (computed tomography).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis (Acute and Chronic) Chapter, under CT (Computed Tomography).

**Decision rationale:** The patient presents with neck pain radiating to the left shoulder and left arm. The request is for retrospective CT scan of the left hip DOS: 7/30/2015. Patient is status post cervical spine surgery, date unspecified. Examination to the cervical spine on 07/30/15 revealed decreased range of motion in all planes with pain. Per 07/01/15 progress report, patient's diagnosis include cervical disorder, shoulder impingement, cervical degenerative disc disease, and shoulder arthroscopy - Lt, s/p. Patient's medications, per 07/03/15 progress report, patient's medications include Fentanyl Patch, Furosemide, Lyrica and Cymbalta. Patient is permanent and stationary. ODG Guidelines, Hip and Pelvis (Acute and Chronic) Chapter, under CT (Computed Tomography) state the following: "Recommended as indicated below. Computed tomography (CT) reveals more subchondral fractures in osteonecrosis of the femoral head than unenhanced radiography or MR imaging. (Stevens, 2003) CT provides excellent visualization of bone and is used to further evaluate bony masses and suspected fractures not clearly identified on radiographic window evaluation. Instrument scatter-reduction software provides better resolution when metallic artifact is of concern. (Colorado, 2001) (Kalteis, 2006) (Wild, 2002) (Verhaegen, 1999) Based on a few, very small studies, CT may not be accurate enough for an occult hip fracture, but it is rapidly obtained and may be reasonable to use in some situations, such as high-energy trauma. Computed tomography is readily accessible in the ED and is a chief method of evaluating the multiply injured trauma patient. Addition of the third dimension with CT can often define a fracture when it is not seen on X-ray study. However, there is scarce evidence to support the use of CT for occult hip fracture evaluation. The few studies available are small and statistically insignificant. A more extensive review beyond isolated findings and case reports is needed to ascertain the specific role of CT in hip evaluation. (Cannon, 2009)." Indications for imaging - Computed tomography: Sacral insufficiency fractures. Suspected osteoid osteoma Subchondral fractures, Failure of closed reduction. The treater has not specifically discussed this request; no RFA was provided either. In progress report dated 07/30/15, treater is ruling out occult fracture based on x-ray of the left hip obtained on the same day. In the same report, it is stated that the patient's x-rays are being sent out for a radiologist consultation reading due to possible occult fracture or other abnormalities noted on x-ray. ODG

guidelines states that CT scans may not be accurate enough for an occult hip fracture. The request is not in accordance with guideline recommendations and therefore, IS NOT medically necessary.

**Retrospective CT scan of the right hip DOS: 7/30/2015: 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) Treatment for Workers' Compensation, Online Edition (updated 8/4/2015) Chapter Hip & Pelvic, CT (computed tomography).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis (Acute and Chronic) Chapter, under CT (Computed Tomography).

**Decision rationale:** The patient presents with neck pain radiating to the left shoulder and left arm. The request is for retrospective CT scan of the right hip DOS: 7/30/2015. Patient is status post cervical spine surgery, date unspecified. Examination to the cervical spine on 07/30/15 revealed decreased range of motion in all planes with pain. Per 07/01/15 progress report, patient's diagnosis include cervical disorder, shoulder impingement, cervical degenerative disc disease, and shoulder arthroscopy - Lt, s/p. Patient's medications, per 07/03/15 progress report, patient's medications include Fentanyl Patch, Furosemide, Lyrica and Cymbalta. Patient is permanent and stationary. ODG Guidelines, Hip and Pelvis (Acute and Chronic) Chapter, under CT (Computed Tomography) state the following: "Recommended as indicated below. Computed tomography (CT) reveals more subchondral fractures in osteonecrosis of the femoral head than unenhanced radiography or MR imaging. (Stevens, 2003) CT provides excellent visualization of bone and is used to further evaluate bony masses and suspected fractures not clearly identified on radiographic window evaluation. Instrument scatter-reduction software provides better resolution when metallic artifact is of concern. (Colorado, 2001) (Kalteis, 2006) (Wild, 2002) (Verhaegen, 1999) Based on a few, very small studies, CT may not be accurate enough for an occult hip fracture, but it is rapidly obtained and may be reasonable to use in some situations, such as high-energy trauma. Computed tomography is readily accessible in the ED and is a chief method of evaluating the multiply injured trauma patient. Addition of the third dimension with CT can often define a fracture when it is not seen on X-ray study. However, there is scarce evidence to support the use of CT for occult hip fracture evaluation. The few studies available are small and statistically insignificant. A more extensive review beyond isolated findings and case reports is needed to ascertain the specific role of CT in hip evaluation. (Cannon, 2009)" Indications for imaging - Computed tomography: Sacral insufficiency fractures, Suspected osteoid osteoma Subchondral fractures. Failure of closed reduction. The treater has not specifically discussed this request; no RFA was provided either. In progress report dated 07/30/15, it is stated that the patient's x-rays are being sent out for a radiologist consultation reading due to possible occult fracture or other abnormalities noted on x-ray. ODG guidelines states that CT scans may not be accurate enough for an occult hip fracture. The request is not in accordance with guideline recommendations and therefore, IS NOT medically necessary.

