

INDEPENDENT REVIEWERS OF TEXAS, INC.

4100 West El Dorado Pkwy · Suite 100 – 373 · McKinney, Texas 75070

Office 469-218-1010 · Toll Free 1-877-861-1442 · Fax 469-218-1030

e-mail: independentreviewers@hotmail.com

Notice of Independent Review Decision

DATE OF REVIEW: 02/10/11

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Triple Bone Scan between 1/11/2011 and 3/12/2011. This is an appeal to review 80186

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Texas Board Certified Orthopedic Surgeon
Texas Board Certified Orthopedic Sports Medicine

REVIEW OUTCOME

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY (SUMMARY):

The claimant is a xx year old male who sustained an injury when a piece of equipment fell, hitting him on the head and hyperextended his left leg.

The claimant is status post arthroscopic surgery of the right hip for debridement of labral tears and removal of acetabular osteophytes on 03/09/06.

The claimant is status post right hip total replacement in May 2006.

The claimant was seen for a Required Medical Examination (RME) on 09/15/08. The claimant complained of headaches, as well as neck pain, low back pain, and shoulder pain. Physical examination revealed cervical flexion to 45 degrees and extension to 40 degrees. Lumbar flexion was to 80 degrees and extension was to 20 degrees. Straight leg raise was to 60 degrees. Right hip flexion was to 90 degrees. There was full motor function of the upper and lower extremities. Deep tendon reflexes were 1+ in the upper extremities. Knee jerks and ankle jerks were 2+. The claimant was assessed with status post total hip replacement, status post right hip arthroscopic surgery, cervical disc protrusion, chronic low back pain, compression radiculopathy, and status post closed head injury.

The claimant was seen for evaluation on 08/20/10. The claimant complained of frequent headaches, and pain in the neck, mid back and low back. The pain worsened with prolonged sitting and any type of physical activity. The claimant rated the pain at 7 out of 10. The claimant denied bowel or bladder dysfunction. The claimant also denied weakness or sexual dysfunction. Physical examination was not performed. The claimant was assessed with chronic pain syndrome with underlying cervical strain, lumbar strain status post right hip labral tear, and a post head trauma syndrome with affective disorder currently well-controlled on regimen. The claimant was recommended to continue on his current regimen.

The claimant saw Dr. on 12/20/10. The claimant reported a 5 year history of right hip pain. Current medications include Ambien, Benadryl, Celebrex, Clonapine, Esgic, Hydrocodone, Lamictyl, Lovenox, Prilosec, and Zyprexa. Physical examination of the right hip reveals tenderness to palpation over the posterior capsule. There was anterior groin pain that increased with range of motion. Hip range of motion was restricted with flexion and abduction. There was tenderness to palpation of the mid-thigh anteriorly. Radiographs demonstrated total hip arthroplasty in good position without evidence of complication. The claimant was assessed with unspecified mechanical complication of internal orthopedic device, implant, and graft. The claimant was recommended for a triple bone scan.

The request for a triple bone scan was denied by utilization review on 01/06/11 due to insufficient clinical information to support the requested imaging. It was unclear what pathology or dysfunction was suspected clinically that represented the underlying reason for obtaining the requested imaging. It was also unclear if the current findings represent a significant status change requiring further investigation with the requested imaging.

The request for a triple bone scan was denied by utilization review on 01/18/11 due to lack of formal report of the radiographic imaging of the affected body part. Also, the formal operative report of the claimant's surgery was not provided for review.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION.

The requested triple bone scan is not recommended as medically necessary. There is no indication of any significant changes in the claimant's physical examination that would warrant additional diagnostic testing. There is no indication from the claimant's physical examination that there is any hardware complication. There is no catching, grinding, or popping demonstrated on examination that would be expected from loosening or displaced hardware. The radiograph studies provided for review do not reveal any hardware malfunction or failure. There is no clinical documentation that rules out any other etiology of the claimant's pain. As such, medical necessity is not supported.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

Official Disability Guidelines, Online Version, Hip and Pelvis Chapter