

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
P.O. Box 138009
Sacramento, CA 95813-8009



April 26, 2013

**Notice of Standard Independent Medical Review Determination
Case No. CM13-000043**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Determination: MAXIMUS Federal Services, Inc. has determined the requested MRI of right hip **is medically necessary.**

A request for a standard Independent Medical Review was filed with the Administrative Director, Division of Workers' Compensation. The case was assigned to MAXIMUS Federal Services as the designated Independent Medical Review Organization.

Medical Qualifications of the Professional Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Radiology and is licensed to practice in California. 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 professional 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 treatments and/or services at issue.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated February 27, 2013

This is a 36 year old male who was injured on 1/25/2013. The mechanism of injury was a slip and fall. The diagnoses per the current report were not provided. The most recent progress report was dated 2/15/2013. It was handwritten and stated, "3 visits; pain with stretching and bike riding. Using the stim. Pain feels deep and remains unchanged. Pain is positional especially with changing his stance, when he walks, and when he pivots on the right. No pain on the left; pain is all on the right. Examination noted pain with hip flexion against resistance and in the groin. Pain with external rotation of the right hip. Assessment: left hip improving; right hip plateauing; may be more than muscle, possible ligament related given his systems and with resist testing. Treatment plan included x-rays right hip; MRI scan right hip, continue physical therapy, modified duty." He has attended an unknown amount of therapy. Per current exam notes he has pain with residual flexion and with external rotation of the right hip.

Documents Reviewed for Determination:

The interested parties were notified that the review was assigned on a standard basis. The relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review
- Utilization Review Decision (completed by [REDACTED])
- Patients Medical Records from [REDACTED] (dated 01/25/2013 through March 22, 2013)
- Official Disability Guidelines Attachment for MRI of Hip & Pelvis, 11th Edition

Medical Treatment Guideline(s) Relied Upon by the Professional Reviewer to Make His/Her Decision:

The Claims Administrator stated the American College of Occupational and Environmental Medicine (ACEOM) did not apply and based its decision on the Official Disability Guidelines (ODG), 11th Edition Hip and Pelvis, MRI. The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the evidence-based criteria used by the Claims Administrator inappropriate for the clinical circumstance. The Professional Reviewer relied upon the American College of Radiology MRI of the Hip for Chronic Pain Guidelines revised (2011) because they were more appropriate for the employee's clinical circumstance in evaluating a possible labral tear as the source of pain.

Rationale for the Decision:

The worker is a 36-year-old male who injured both hips on 1/25/13. X-rays reportedly showed degenerative osteoarthritis of both hips. The left hip had improved while the right hip continued to be painful with rotation and weight bearing. The possible cause of this pain was listed as a labral tear or internal derangement. These symptoms appear to have been chronic since February, 2013.

The presence of continued hip pain after the trauma/injury despite physio therapy and conservative management over several months is worrisome. In the event of a suspected labral tear an MRI is the procedure of choice. An MRI will allow for evaluation of the periarticular soft tissues, articular cartilage, presence of possible occult fracture and avascular necrosis and it therefore considered medically necessary.

Effect of the decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.