

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/19/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/19/2013
Date of Injury:	2/5/2008
IMR Application Received:	8/8/2013
MAXIMUS Case Number:	CM13-0008504

- 1) MAXIMUS Federal Services, Inc. has determined the request for **x-rays of the left hip is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **MRI of the left hip is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/8/2013 disputing the Utilization Review Denial dated 7/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/10/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **x-rays of the left hip is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **MRI of the left hip is not medically necessary and appropriate.**

Medical Qualifications of the Expert 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 Preventive Medicine and Occupational Medicine 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 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The applicant, Ms. [REDACTED], is a [REDACTED] employee who has filed a claim for chronic low back, left hip, and left knee pain, reportedly associated with industrial injury of September 5, 2008. Thus far, the employee has been treated with the following: Analgesic medications; attorney representation; psychotropic medications; unspecified amounts of physical therapy; prior lumbar epidural steroid injection therapy; MRI of left knee of December 2012, apparently notable for degenerative chondromalacia; at least three Synvisc injections; the apparent imposition of permanent work restrictions; extensive periods of time off work; and medial branch block procedure.

In a utilization review report of July 9, 2013, the claims administrator non-certifies a plain film and an MRI of the injured hip. In an office visit of July 9, 2013, it is stated that the applicant has some element of chronic left hip pain in addition to constant knee pain, chronic low back pain, and psychological stress. The employee has tenderness about the thigh, it is stated. This is echoed by a June 24, 2013, progress note, which also seemingly suggests that the applicant has some element of chronic hip pain and has reduced sensorium about the thigh. An MRI and an x-ray of the hip are endorsed.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for x-rays of the left hip:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the ODG, Hip & Pelvis Chapter, which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, 3rd Edition, Hip & Groin, Diagnostic Testing.

Rationale for the Decision:

As noted in the Third Edition ACOEM Guidelines, x-rays are helpful to evaluate most patients with hip pain, both for diagnostic clarification and differential diagnostic possibility clarification purposes. In this case, the employee's chronic hip pain may be a function of hip arthritis or hip osteonecrosis. It is noted that the attending provider has not elaborated, described, or detailed the employee's hip issues at any length. Nevertheless, hip issues have seemingly persisted on several office visits throughout 2013. Obtaining hip x-rays are indicated in this context. **The request for x-rays of the left hip is medically necessary and appropriate.**

2) Regarding the request for MRI of the left hip:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the ODG, MRI, which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, 3rd Edition, Hip & Groin, Diagnostic Testing, and the Official Disability Guidelines (ODG), Hip & Pelvis, MRI.

Rationale for the Decision:

The Third Edition ACOEM Guidelines do endorse hip MRI imaging in the diagnosis of soft tissue pathology and avascular necrosis after first-line x-rays are performed and are negative. ACOEM further suggests that MRI imaging is not endorsed for evaluation of degenerative joint disease, as it very well may be present here. This is echoed by the recommendation in the ODG Hip Chapter, which also suggests that first-line diagnostic method should be the first imaging technique employed after plain films. In this case, however, the employee has not had prior plain films. Plain films have been certified above. It would be more appropriate to determine the results of the same before MRI imaging is considered. **The request for MRI of the left hip is not medically necessary or appropriate.**

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,

Paul Manchester, MD, MPH
Medical Director

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

/dat

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.