

Case Number:	CM13-0020831		
Date Assigned:	04/21/2014	Date of Injury:	09/22/2010
Decision Date:	06/10/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/06/2013

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. The expert reviewer is Board Certified in 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant has filed a claim for chronic hip pain reportedly associated with an industrial injury of September 22, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; MRI imaging of the hip which apparently showed tendinosis about the greater trochanter of the hip; transfer of care to and from various providers in various specialties; and reported return to regular duty work. A February 6, 2013 progress note was notable for comments that the attending provider was pursuing SI joint x-rays, plain films of the hip, MRI imaging of the hip, and diagnostic ultrasound for the hip. The applicant was described as working regular duty at that point in time. In a September 19, 2013 progress report, the attending provider noted that the applicant was given diagnoses of lumbar strain, lumbar facet syndrome, lumbar diskogenic pain, lumbar radiculopathy, piriformis syndrome, hip capsulitis, trochanteric bursitis, and chronic pain syndrome. The attending provider reiterated his request for ultrasound imaging of the left hip, stating that this could be helpful to identify drainable effusion and/or look for foreign body or other objects that might be present in the hip that was not seen on MRI imaging. The applicant was again returned to regular duty work. A July 8, 2013 progress note was notable for comments that the applicant was given diagnoses of degenerative disk disease of lumbar spine, myofascial pain syndrome, left hip pain, lumbar scoliosis, and possible left hip trochanteric bursitis. The applicant apparently had tenderness, guarding, and limited range of motion about the hip on that date.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRASOUND LEFT HIP: Overturned

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 ACOEM Guidelines, Third Edition, Hip & Groin Chapter, Ultrasound.

Decision rationale: The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines, ultrasound is recommended for evaluating applicants with tendinopathies, bursitis, groin strains, impingement syndrome, and/or post arthroplasty chronic pain. In this case, the attending provider has posited that the earlier hip MRI suggesting tendinosis might not be altogether accurate. Other diagnoses, including bursitis, have apparently been postulated by the applicant's treating providers and/or possible foreign body one of the applicant's providers has suggested. Ultrasound imaging is, per ACOEM, indicated to delineate between some of the items on the differential diagnosis here. Therefore, the request is medically necessary, on Independent Medical Review.