

Case Number:	CM13-0021564		
Date Assigned:	03/26/2014	Date of Injury:	07/27/2011
Decision Date:	05/21/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/09/2013

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 Orthopedic Surgery 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:

This is a 58-year-old gentleman who sustained an injury to his left lower extremity after falling in a work related accident on 01/27/11. Clinical records available for review include a 08/23/13 report indicating ongoing complaints of pain about the right hip aggravated with activities. Objectively there was documentation of normal range of motion with no other significant finding. The claimant was diagnosed with right hip joint pain. The plan at that time was for an MRI scan for further diagnostic interpretation. There is documentation of a prior MRI of the right hip done on December 21, 2011 that identified no labral pathology with evidence of intrasubstance degenerative signal within the labrum with no arthritic disease or bony injury identified. There was no effusion. At present, there is request for repeat MRI scan of the claimant's right hip given his continued complaints and clinical findings. Specific treatment to the right hip since the time of injury is unclear.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE RIGHT HIP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Treatment Index, 5th Edition (web), 2009, Hip-MRI

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

Decision rationale: When looking at Official Disability Guidelines an MRI scan in this case would not be supported. The claimant has already undergone previous MRI imaging of the hip demonstrating abnormal signal change to the labrum. It would be unclear based on the claimant's negative physical examination findings why further imaging would be warranted in the absence of any significant change in symptomatology. While there is documentation of chronic complaints of pain, the absence of any abnormalities on examination would fail to support a need for further imaging at this time.