

Case Number:	CM13-0026590		
Date Assigned:	12/27/2013	Date of Injury:	02/09/2013
Decision Date:	03/06/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois, Indiana and Texas. 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 physician 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 patient is a 37-year-old female who reported an injury on February 09, 2013. The mechanism of injury was stated to be lifting boxes. The patient was has a left hip contusion and the patient's treatment plan include physical therapy, medications, and heat. The patient's diagnoses included left hip strain and lumbar spine strain and the request was made for an MRI due to chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left hip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis Chapter, MRI.

Decision rationale: The Official Disability Guidelines indicate that an MRI is appropriate for patients who have acute and chronic soft tissue injuries, tumors, occult, acute, and stress fractures, osteonecrosis, and osseous articular or soft tissue abnormality of the hip. The clinical documentation submitted for review indicated the request was for pain. There was a lack of

documentation indicating the patient had the above conditions. There was a lack of documentation indicating exceptional factors to support the necessity for the requested study. Given the above, the request for an MRI of the left hip is not medically necessary.