

Case Number:	CM13-0029569		
Date Assigned:	11/27/2013	Date of Injury:	06/17/2009
Decision Date:	04/25/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	09/27/2013

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 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 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 claimant is a 66-year-old gentleman who was injured June 17, 2009 when his bilateral lower extremities were hit by a door. Recent clinical assessment for review includes a September 23, 2013 PR2 report indicating continued complaints of pain about the lower extremities, particularly the right knee. Physical examination demonstrated restricted range of motion to the knee from 2 to 120 degrees on the right with tenderness to the lumbar spine, diminished range of motion and pain complaints. Physical examination findings in regard to the hips were not noted. Previous assessment of August 21, 2013 also showed a physical examination that showed 2 to 120 degrees range of motion to the knee and restricted cervical range of motion with pain, once again showing no signs of hip examination. Records indicate the claimant is status post prior bilateral total knee arthroplasty procedures, left being performed in 2008 and the right in 2012. Reviewed medical records dating back to early 2013 failed to demonstrate physical examination findings to the hip or prior plain film radiographs or imaging. At last clinical assessment, there was a request for bilateral hip MRI scan to rule out avascular necrosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL MRI OF THE HIP: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Worker's Comp, 18th Edition, 2013 Updates: Hip Procedure - MRI (magnetic resonance imaging).

Decision rationale: The ACOEM Guidelines are silent. When looking at Official Disability Guideline criteria, bilateral hip MRI scans are not recommended. While MRI scans are appropriate to rule out diagnoses such as avascular necrosis, this employee's clinical picture fails to demonstrate specific clinical examination findings to the hip or evidence of prior radiological findings that would necessitate or support the acute need of imaging at present. The specific request for the role of bilateral hip MRI's given the employee's lack of clinical examination findings or prior plain film radiographs would not be indicated.