

Case Number:	CM13-0042066		
Date Assigned:	12/27/2013	Date of Injury:	11/16/2012
Decision Date:	05/22/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/16/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 35-year-old female who reported injury on 11/16/2012. The mechanism of injury was a fall. The documentation of 08/21/2013 revealed the injured worker had continued complaints of neck pain, bilateral shoulder pain, left sided elbow pain and bilateral knee pain. The injured worker indicated she had injured her left hip when she fell and had pain with prolonged periods of sitting, standing, walking and stair climbing and driving. The injured worker had a positive Gaenslen's test over the left hip with decreased range of motion. The injured worker had left sided wrist pain with weakness and difficulty with gripping, grasping, lifting, pulling and pushing. The injured worker indicated she injured her left wrist when she fell on her left side of her body. The treatment plan included an MRI of the left hip, MRI of the left wrist, and neurodiagnostic studies of the bilateral upper and lower extremities. Additionally, there was a request for an extension of 12 sessions of physical therapy. The diagnoses included cervical radiculopathy, cervical sprain/strain, shoulder impingement, elbow and knee tendonitis and bursitis.

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 (ODG), Hip & Pelvis Chapter, MRI.

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

Decision rationale: Official Disability Guidelines recommend MRIs for acute and chronic soft tissue injuries. The clinical documentation submitted for review indicated that when the injured worker fell, her hip was injured. The injured worker had a positive Gaenslen's test and had decreased range of motion. The fall was reported in 2012. There was a lack of documentation of prior imaging and/or conservative care that was provided for the hip injury. Given the above, the request for an MRI of the left hip is not medically necessary.