

Case Number:	CM13-0043597		
Date Assigned:	12/27/2013	Date of Injury:	02/28/1998
Decision Date:	04/18/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/24/2013

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 and Rehabilitation, 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:

According to the records made available for review, this is a 28-year-old female with a 2/28/98 date of injury. At the time (9/3/13) of request for authorization for left hip x-rays, there is documentation of subjective (worsening hip pain, right worse than left) and objective (hip range of motion decreased bilaterally secondary to pain) findings, current diagnoses (bilateral hip pain), and treatment to date (medication). There is no documentation of a severe injury, patients with a high risk of the development of hip osteoarthritis, or assessment of a femoral component.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT HIP XRAYS: 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) Hip & Pelvis, X-Ray

Decision rationale: MTUS does not address this issue. ODG identifies documentation of a severe injury, patients with a high risk of the development of hip osteoarthritis, or assessment of a femoral component, as criteria necessary to support the medical necessity of hip x-rays. Within

the medical information available for review, there is documentation of a diagnosis of bilateral hip pain. However, there is no documentation of a severe injury, patients with a high risk of the development of hip osteoarthritis, or assessment of a femoral component. Therefore, based on guidelines and a review of the evidence, the request for left hip x-rays is not medically necessary.