

Case Number:	CM13-0043754		
Date Assigned:	12/27/2013	Date of Injury:	02/28/1998
Decision Date:	02/19/2014	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 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 & Rehabilitation, has a subspecialty in Pain Medicine, 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:

This is a female patient with a date of injury of February 28, 1998. A utilization review determination dated September 25, 2013 recommends noncertification for right hip x-ray. A progress report dated September 3, 2013 identifies subjective complaints stating that the patient continues to have right knee pain. The note also indicates that the patient's left knee pain has worsened as well, and the patient is awaiting right total knee arthroplasty. The patient indicates that her right hip pain is growing worse. The last right hip x-ray was performed on October 30, 2008. Objective examination findings identify reduced range of motion in the hips bilaterally. Diagnoses include status post thoracolumbar fusion, bilateral knee pain with a history of right knee arthroplasty, cervical spine pain, cervical radiculopathy, bilateral hip pain, and chronic wrist pain. The treatment plan recommends medications, and bilateral hip x-ray to rule out any new structural changes as the patient is having increased pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right hip x-rays.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hip & Pelvis, X-Ray.

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

Decision rationale: Regarding the request for right hip x-ray, California MTUS does not contain criteria for hip radiographs. ODG states the plain film radiographs are valuable for identifying patients with a high risk for development of hip osteoarthritis. Within the documentation available for review, the requesting physician has identified that the patient's right hip pain is worsening since the time of last x-ray. However, it appears the patient has an antalgic gait which has worsened the left knee pain. It seems that this antalgic gait could certainly explain the worsening of the patient's right hip pain in the absence of any progressive pathology. Additionally, the requesting physician has not performed a thorough physical examination of the hip prior to requesting imaging studies. It seems reasonable to perform a thorough examination of the hip in order to arrive at a differential diagnosis prior to requesting a diagnostic study. Finally, there is no statement indicating how the patient's treatment plan will be changed by the outcome of the currently requested study. In the absence of clarity regarding those issues, the currently requested right hip x-ray is not medically necessary.