

Case Number:	CM13-0044057		
Date Assigned:	12/27/2013	Date of Injury:	04/14/2008
Decision Date:	04/10/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/25/2013

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 Internal 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 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 patient is an injured worker with lumbago, post-laminectomy syndrome. The date of injury is 4-14-2008. Progress Note 9-12-13 by ██████ requested bilateral hip MRI. The patient saw the orthopedic surgeon yesterday and he recommended bilateral MRI's to the hips. He had recent x-rays but they are not adequate to evaluate his situation. He is not very active and he walks with a cane. Diagnoses included shoulder joint pain, lower leg pain, lumbago, lumbar DDD, bulging lumbar disc, lumbar facet arthropathy, postlaminectomy syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

AN MRI OF THE BILATERAL HIPS: 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), Indications for Imaging.

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

Decision rationale: The MTUS does not address hip MRIs. Official Disability Guidelines state that MRI imaging of the hip is recommended for the following indications: Osseous, articular or

soft-tissue abnormalities; Osteonecrosis; Occult acute and stress fracture; Acute and chronic soft-tissue injuries; Tumors. A progress note from 9-12-13 had no documentation of hip pain, no lower extremity pain. Physical examination documented normal bulk, tone, and no focal weakness. No hip examination was documented. Diagnosis and assessment did not document a diagnosis pertaining to the hip. Hip x-ray results were not documented. Medical records do not support the medical necessity of bilateral hip MRI. Therefore, the request for an MRI of bilateral hips is not medically necessary.