

<b>Case Number:</b>	CM13-0057321		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/21/2011
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 38 year old female with date of injury of 09/21/2011. The listed diagnoses per [REDACTED] dated 11/04/2013 are ankle pain, knee pain and thigh pain. According to progress report dated 11/04/2013 by [REDACTED], the patient presents with right ankle, right thigh and right knee pain. She also complains of fullness on the lateral aspect of her right hip with tenderness in that area. The objective findings show right knee and ankle are unchanged. There is mild asymmetric fullness on the right lateral hip and upper thigh. There is tenderness to palpation in this area located near and somewhat inferior to the trochanteric bursa. The provider is requesting an MRI of the right hip.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the right hip RFA:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Treatment Utilization Schedule (MTUS)/ACOEM 2nd Ed and ODG Treatment, Integrated Treatment/Disability Duration Guidelines.

**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, MRI

**Decision rationale:** This patient presents with chronic right ankle, right thigh and right knee pain. The provider is requesting an MRI of the right hip. The utilization review dated 11/12/2013, denied the request stating that "the physician suspects a lipoma and considering that the reported mechanism of injury did not involve any direct trauma to the hip trochanteric bursa area, the requested hip MRI scan is not supported." ODG guidelines states that "it is recommended for specific detection of many abnormalities involving the hip or surrounding soft tissues. Indicators include osseous, articular or soft-tissue abnormalities, osteonecrosis, occult acute and stress fracture, acute and chronic soft-tissue injuries and tumors." The progress report dated 09/16/2013 by [REDACTED], shows that upon "inspection of the hips, there is a mild fatty bulge posterolaterally on the thigh, just inferior to the greater trochanteric area. It has the consistency of fatty tissue and there is no underlying cast detected." On progress report dated 11/04/2013 by [REDACTED], he suspects that it is a lipoma. There is no suspicion of tumor, other soft tissue abnormalities other than sensation of "fullness", no suspicion of intra-articular hip joint pathology. MRI is not indicated. Recommendation is for denial.