MAXIMUS Federal Services

Case Number:	CM13-0057817		
Date Assigned:	12/30/2013	Date of Injury:	06/17/2009
Decision Date:	09/05/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/26/2013

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 Occupational 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 applicant has filed a claim for chronic low back and bilateral leg pain reportedly associated with an industrial injury of June 17, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; left and right total knee arthroplasty surgeries; and unspecified amounts of physical therapy over the course of the claim. In a handwritten note dated June 9, 2014, difficult to follow, not entirely legible, the applicant reported persistent complaints of low back pain radiating into the bilateral knees and bilateral feet. Some low-grade loss of motion was noted about the knees. The applicant nevertheless exhibited a normal gait and was able to walk on his toes and heels. Lidocaine patches, physical therapy, manipulative therapy, MRI imaging of the thoracic and lumbar spines, and MRI imaging of the bilateral hips and pelvis were sought. The applicant was asked to remain off of work. It was stated that the applicant was retired from his former employment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diagnostic 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Hip and Groin Chapter, MRI Imaging section.

Decision rationale: The MTUS does not address the topic of hip MRI imaging. As noted in the Third Edition ACOEM Guidelines Hip and Groin Chapter, MRI imaging is "not recommended" for routine evaluation of evaluation of applicants with chronic hip joint pathology, including degenerative joint disease. In this case, given the applicant's age (66), hip arthritis is the most likely diagnostic consideration. While ACOEM does support a role for hip MRI imaging in diagnosing issues such as osteonecrosis and/or in applicants in whom the diagnosis is unclear, in this case, however, it was not clearly stated what was suspected. It was not clearly stated what was sought. It was not clearly stated how MRI imaging would alter or influence the treatment plan or clinical picture. The progress note, as noted, was sparse, handwritten, difficult to follow, and not entirely legible. Accordingly, a diagnostic MRI of the bilateral hips is not medically necessary t is not medically necessary.