

Case Number:	CM13-0060673		
Date Assigned:	12/30/2013	Date of Injury:	10/13/2008
Decision Date:	03/24/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/03/2013

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 Internal Medicine, and is licensed to practice in New York. 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 claimant is a 39 yo female who sustained an injuries after a fall at work on 10/13/2008. Her diagnoses include left hip , left knee pain and left shoulder pain. She complains of ongoing left hip pain which involves the left thigh and is described as throbbing in nature. On exam there is guarded movement of the left hip with a stiff gait. She has received treatment with medication and physical therapy. The treating provider has requested an ultrasound of the left sacroiliac joint and trochanteric bursa, and an MRI of the left hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for ultra sound of the left si joint and trochanter bursa: 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) Treatment in Worker's Compensation, Section on Hip/Ultrasonography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section on Hip Pain.

Decision rationale: There is no specific indication for the requested ultrasound study. The Official Disability Guidelines (ODG), state that ultrasound does not play a significant role in a

routine evaluation for hip pathology. If there is a concern for potential hip fracture, MRI imaging is better able to demonstrate osseous and articular abnormalities. A diagnostic ultrasound would require a particular differential diagnosis and documented rationale. Medical necessity for the requested ultrasound of the left SI joint and trochanter bursa has not been established and is not medically necessary or appropriate.

The request for MRI of the Left Hip: 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) Treatment in Worker's Compensation, Section on Hip/MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section on Hip Pain.

Decision rationale: There is no indication for the requested MRI of the hip. There is no documentation of previous plain films to evaluate hip pathology. MRI would be supported if there was an indication of osseous, articular, soft tissue abnormalities, osteonecrosis, occult, acute, and stress fracture, acute and chronic soft tissue injuries, or tumors. Medical necessity for the requested MRI of the Left Hip has not been established and is not medically necessary or appropriate.