

Case Number:	CM13-0062335		
Date Assigned:	12/30/2013	Date of Injury:	10/13/2008
Decision Date:	10/16/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/06/2013

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 Family Practice and is licensed to practice in Texas and Mississippi. 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 injured worker is a 50-year-old female with a reported date of injury on 08/13/2008. The mechanism of injury was noted to be a fall. Her diagnoses were noted to include chronic pain, lumbar myofascial pain, and left hip pain. Her previous treatments were noted to include physical therapy and medications. Progress note dated 11/15/2013 revealed complaints of left hip and leg/thigh pain rated 7/10, described as throbbing. A physical examination of the spine, ribs, and pelvis revealed moderate generalized tenderness into the lumbar area with moderate tenderness in the left lumbar paraspinal area with marked tenderness of the left sacroiliac joint. Movement was moderately restricted in all directions, and pain elicited in all directions. The left lower extremity revealed severe greater trochanteric tenderness upon palpation with no crepitation. Sensation was normal to touch. There was an antalgic gait that favored the left and a positive FABERE and Patrick's test on the left. The Request for Authorization form was not submitted within the medical records. The request was for ultrasound of the left sacroiliac joint and trochanteric bursa for possible injections and an MRI of the left hip; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

ULTRASOUND OF THE LEFT SACROILIAC JOINT AND TROCHANTERIC 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hip and Pelvis, Ultrasound (Sonography).

Decision rationale: The request for ULTRASOUND OF THE LEFT SACROILIAC JOINT AND TROCHANTERIC BURSA is not medically necessary. The injured worker fell in 10/2013 and complained of worsened pain to the left hip. The Official Disability Guidelines recommend diagnostic ultrasound for scar tissue, adhesions, collagen fiber and muscle spasm, and the need to extend muscle tissue or accelerate the soft tissue healing. The guidelines' indications for ultrasound guided injections are to control pain and inflammation with a time to produce effect of 6 to 15 treatments and a frequency of 3 times per week, with an optimum duration of 4 to 8 weeks, and a maximum duration of 2 months. There is a lack of significant clinical findings to warrant sacroiliac joint injections or injections to the trochanteric bursa. The injured worker's original injury occurred in 10/2008 and reinjured her hip in 11/2013 when she fell. There is a lack of documentation regarding conservative treatment attempted after that fall. The injured worker's original injury occurred in 10/2008. Therefore, due to the lack of documentation regarding conservative treatment attempted and significant clinical findings consistent with sacroiliac joint injections, the request for an ultrasound is not appropriate at this time. Therefore, the request is not medically necessary.

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

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

Decision rationale: The request for MRI OF THE LEFT HIP is not medically necessary. The injured worker fell in 10/2008 and caused worsened pain to her left hip. The injured worker had a previous fall in 10/2008 and injured her hip as well. The Official Disability Guidelines recommend imaging as an MRI for osseous, articular, or soft tissue abnormalities, osteonecrosis, occult acute and stress fractures, acute and chronic soft tissue injuries, and tumors. The injured worker has a more recent fall with injury to her left hip. However, there is a lack of documentation regarding conservative measures attempted. The previous radiograph was negative. Therefore, the request is not medically necessary.