

<b>Case Number:</b>	CM13-0067011		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/30/2010
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 a 55 year old female who was injured on 11/30/2010. Mechanism of injury is unknown. She is being treated for left elbow, wrist, and hip. The neck was denied. Prior treatment history has included the following medications: gabapentin, amytriptyline, lidocaine patches, Norco, and Lidoderm pain patches. She has also been treated with physical therapy for the shoulder. Diagnostic studies were not submitted for review. Progress report dated 02/19/2013 documented the patient to have pain in her left hip. Objective findings revealed anteflexion of the trunk on the pelvis allows for 30 degrees of flexion. Extension is 10 degrees. Rotation to the left is 10 degrees, to the right is 10 degrees. Lateral flexion to the left is 5 degrees and to the right 5 degrees. There is left greater than right SI and trochanteric tenderness. Progress note dated 09/16/2013 documents the patient complaining of pain in both hips. Objective findings reveal anteflexion of the trunk on the pelvis allows for 60 degrees of flexion. Extension is 10 degrees. Rotation to the left is 20 degrees, to the right 20 degrees. Lateral flexion to the left is 10 degrees, to the right 10 degrees. There is left SI and trochanteric tenderness. Progress noted dated 09/25/2013 documented the patient of still having pain in her hips. Progress report dated 11/21/2013 documented the patient to have continued complaints of pain in her left hip. Anteflexion of the trunk on the pelvis allows for 60 degrees of flexion. Extension is 0 degrees. Rotation to the left is 20 degrees, to the right 20 degrees. Lateral flexion to the left is 10 degrees, to the right 10 degrees. There is bilateral SI tenderness and left greater than right trochanteric tenderness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AN OPEN 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis (Acute and Chronic), MRI Section

**Decision rationale:** According to the ODG, the requested MRI of the left hip is not within the guidelines. ODG states, "MRI is both highly sensitive and specific for the detection of many abnormalities involving the hip or surrounding soft tissues and should in general be the first imaging technique employed following plain films." There is no documentation throughout the records that show the patient has had plain film images taken.