

<b>Case Number:</b>	CM13-0069984		
<b>Date Assigned:</b>	03/14/2014	<b>Date of Injury:</b>	03/25/2005
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 records, presented for review, indicate that this 50-year-old male was reportedly injured on March 25, 2005. The mechanism of injury was reported as a knee injury after climbing a ladder. The most recent progress note, dated January 29, 2014, indicated that there were ongoing complaints of knee and hip pains. It was noted that a recent total knee replacement arthroplasty (for the ordinary disease of life of osteoarthritis of the knee) had been completed. It was also reported that the injured employee was obtaining Social Security and Worker's Compensation disability payments. No specific physical examination findings were reported. Diagnostic imaging studies revealed osteoarthritis of the knee. There was no mention of any plain films of the hip. Previous treatment included compressive neuropathy surgery, total hip arthroplasty, multiple medications and other measures. A request had been made for a right hip MRI and was not certified in the pre-authorization process on December 16, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of Right Hip:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Official Disability Guidelines) Hip & Pelvis (acute & chronic), updated March 25, 2014

**Decision rationale:** As outlined in the ODG, (MTUS does not address) there are limited clinical indications for obtaining an MRI of the hip (osseous abnormalities, soft tissue abnormalities, osteonecrosis and a cold or stress fracture). None of these maladies (as objectified in the ODG) were noted in the progress note of January 2014 which was presented for review. Therefore, based on the clinical rationale reviewed, noting there was a total hip replacement arthroplasty; and the only current presentation is complaints of pain there was no medical necessity presented in the most recent progress note to establish the medical necessity of an MRI of the hip.