

Case Number:	CM13-0071518		
Date Assigned:	01/08/2014	Date of Injury:	04/18/2009
Decision Date:	06/05/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	12/27/2013

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 & Rehabilitation 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 injured worker is a 47 year old female who reported an injury of 04/18/2009 due to heavy lifting. The clinical note dated 12/16/2013 reported the injured worker complained of pain in the left hip. The physical exam noted localized left hip pain with activity, moderate weakness, tenderness, and a positive left straight leg raise. The injured worker had a diagnosis of lumbar sprain/strain with radiculopathy down the left lower extremity. The injured worker had hip extension to 30 degrees, and hip flexion to more than 120 degrees which are within normal values. Treatment included ibuprofen for managing pain and SI joint injections. The injured worker had an MRI on 12/05/2012 of the lumbar spine that reported minimal changes of spondylosis normal for age, no evidence of disc extrusion or stenosis, mild disc desiccation of the L1-L3, and mild desiccation and facet arthropathy of the L3-S1. The study was unchanged from the prior study. She is recommended for an MRI to the left hip. The request for authorization was not provided in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LEFT 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 (ODG) Hip & Pelvis Chapter, MRI.

Decision rationale: The Official Disability Guidelines state that an MRI is the modality of choice for the next step after plain radiographs in evaluation of select patients with an occult hip fracture in whom plain radiographs are negative and suspicion is high for occult fracture. This imaging is highly sensitive and specific for hip fracture. The injured worker had an MRI on 12/05/2012 that reported minimal changes of spondylosis normal for age, no evidence of disc extrusion or stenosis, mild disc desiccation of the L1-L3, and mild desiccation and facet arthropathy of the L3-S1. The guidelines recommend that indications for an MRI include Osseous, Osteonecrosis, Occult acute and stress fracture, acute and chronic soft tissue injuries, and tumors. There is no indication in the documentation that the injured workers symptoms have accelerated. There was a lack of documentation indicating the injured worker had significant findings of deficit upon physical examination. Therefore, the request is not medically necessary.