

<b>Case Number:</b>	CM14-0001112		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	11/30/2012
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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 Texas and Ohio. 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 60-year-old female who reported an injury on 11/30/2012. The mechanism of injury was a fall. Her diagnoses include knee sprain/strain and derangement of meniscus. Previous treatments included 20 sessions of physical therapy. Per the clinical note dated 10/23/2013, the injured worker had complaints of left knee and hip pain rated at 5/10. The treatment plan included a refill for medications and a Functional Capacity Evaluation. Per the clinical note dated 12/05/2013, the injured worker reported she had pain of the left knee and left buttock area. She rated the pain at a 6/10 and stated prolonged walking aggravated it. On physical examination, the physician reported the patient had a positive total thrombocytopenic purpura of the left knee and hip joint. The treatment plan included a recommendation for an MRI of the bilateral hips and lumbar spine. The rationale for the request was not provided. The Request for Authorization was provided on 12/05/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI RIGHT HIP:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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, MRI (magnetic resonance imaging).

**Decision rationale:** The Official Disability Guidelines state MRI is the most accepted form of imaging for finding avascular necrosis of the hip and osteonecrosis. MRI seems to be 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. The documentation indicated the injured work was having left hip pain and the request is for an MRI of the right hip. Therefore, due to the rationale not being provided to indicate why an MRI of the right hip was necessary it would not be supported. As such, the request for MRI Right Hip is not medically necessary.