

Case Number:	CM14-0105590		
Date Assigned:	07/30/2014	Date of Injury:	02/21/2013
Decision Date:	09/29/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/08/2014

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 and is licensed to practice in Illinois. 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 51 year old male with a reported date of injury on 02/21/2014. The mechanism of injury was not noted in the records. The diagnoses included lumbar strain and bilateral hip arthropathy. The past treatments included pain medication. An MRI of the right hip performed on 03/03/2014 revealed degenerative disease and avascular necrosis. There was no surgical history documented in the records. On 06/06/2014, the subjective complaints included bilateral hip pain. The physical examination noted tenderness on the lateral aspect of both hips with some crepitation. The medications consisted of Voltaren, Ultram, and Protonix. The plan is for a Tomography scan of the left hip. The rationale for the request was not provided. The request for authorization form was dated 06/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tomography scan 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)-Treatment for Workers' Compensation (TWC), Hip & Pelvis Procedure Summary last updated 03/25/2014.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hip & Pelvis, CT (computed tomography).

Decision rationale: The request for Tomography scan of the left hip is not medically necessary. The Official Disability Guidelines state that tomography imaging is indicated for sacral insufficiency fractures, suspected osteoid osteoma, subchondral fractures, and failure of closed reduction. The injured worker had bilateral hip pain. There is no evidence documented in the notes of sacral insufficiency fractures, suspected osteoid osteoma, subchondral fractures, or failure of closed reduction. Additionally, the rationale was not provided with the request. There is no documentation that plain radiographs had been performed. There is also a lack of documentation regarding conservative measures. As there is no evidence of sacral insufficiency fractures, suspected osteoid osteoma, subchondral fractures, or failure of closed reduction, the request is not supported. As such, the request is not medically necessary.