

Case Number:	CM14-0108940		
Date Assigned:	08/01/2014	Date of Injury:	03/25/2014
Decision Date:	10/21/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/14/2014

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 Occupational 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:

There were 139 pages provided for this review. The application for independent medical review was signed on July 14, 2014. It was for an MRI of the right hip. Per the records provided, the claimant is a 41-year-old man injured on March 25, 2014. The patient had low back pain. As of June 12, 2014, there was a right hip and low back pain. He thought the right hip was hurting more than the low back, but overall he felt better. The hip pain was moderate compared to the low back. He was going to therapy twice a week for six weeks and that was helping. His medicines included Xanax for sleep, Flexeril, tramadol and Prilosec. There was a sitting straight leg raise on the right positive at 90 and on the left it was normal. The lying straight leg raise was positive at 60 on the right and negative and 60 on the left. He walked with a slight limp. There was tenderness over the greater trochanteric and sciatic notch area. Abduction test to check the gluteus muscles in the iliotibial band was positive.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the 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 (ODG) Hip section, MRI

Decision rationale: Regarding imaging of the hip, the ODG notes: Recommended as indicated below. MRI is the most accepted form of imaging for finding avascular necrosis of the hip and osteonecrosis. The indications for the image for the hip include: Osseous, articular or soft-tissue abnormalities, Osteonecrosis, Acute & Chronic Soft-Tissue Injuries and Tumors. It is not clear the claimant had these conditions; moreover, I would agree that the certified therapy should be completed before moving on to more diagnostics; the request is not medically necessary.