

<b>Case Number:</b>	CM14-0123983		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	02/09/2003
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 Orthopedic Surgery, has 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 claimant is a 61-year-old gentleman who was injured in work related accident on 02/09/03. A recent progress report of 07/15/14 describing continued complaints of low back and left hip complaints was reviewed. Physical examination to the hip demonstrated tenderness to palpation diffusely with limited range of motion. The lumbar spine was also with tenderness to palpation, restricted range of motion, and spasm. There was pain with internal and external rotation. The claimant was noted to be with diagnosis of new onset left hip pain for which a CT scan to the hip without contrast was recommended for further assessment. There was no indication of fall or trauma. The claimant is noted to be status post prior lumbar laminectomy and fusion procedure. Records for review does not demonstrate recent plain film imaging to the hip.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Computed Tomography Scan of the Left Hip, Without Contrast:** 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)-- Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: hip procedure CT (computed tomography).

**Decision rationale:** The California MTUS guidelines are silent regarding imaging studies to the hip. When looking at Official Disability Guidelines criteria, a CT scan would not be indicated. CT imaging of the hip is recommended typically to assess osseous structures including sacral insufficiency fractures, subchondral fractures, or suspected bony masses. Unfortunately, in this case there is no documentation of plain film radiographs to the hip or indication of trauma that would support the acute need of a CT scan. Without documentation of prior imaging, the role of a CT scan at this stage in claimant's course of care would not be supported. Therefore, the request is not medically necessary.