

Case Number:	CM14-0132526		
Date Assigned:	09/08/2014	Date of Injury:	12/31/2001
Decision Date:	10/14/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/19/2014

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 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:

This 66 year-old patient sustained a continuous injury to the upper and lower body on 12/31/2001 while employed by [REDACTED]. Request under consideration include MRI (Bilateral Hips). Diagnoses include carpal tunnel syndrome; knee internal derangement, recurrent shoulder dislocation, lumbar strain, and limb pain. Conservative care has included medications, physical therapy, surgery, and modified activities/rest. Report of 2/5/14 from the provider noted the patient with chronic lower back and bilateral knees, wrist pain. Exam showed lumbar spine spasm, restricted range, SLR positive on left, 4/5 EHL and DF, and reduced left L5 dermatome sensation; knees with tenderness and well-healed scars. Diagnoses included lumbar radiculopathy; bilateral internal derangement s/p TKR; and left first metacarpal osteoarthritis. Medications were refilled. Exams of 4/16/14 and 5/28/14 from the provider had no mention of hip complaints, remarkable clinical findings or diagnoses relating to hip joints. Report of 5/28/14 from the provider noted the patient with ongoing chronic back, bilateral hips, with weakness in bilateral extremities, and knee pain s/p right TKA. Exam showed paravertebral tenderness, spasm, restricted range, positive SLR on left side, 4/5 decreased motor strength at EHL and DF with reduced left L5 sensation; bilateral knees with joint line tenderness with well-healed scars. The patient remained P&S. Report of 7/2/14 from the provider noted no response for request for MRIs of bilateral hip made on 5/28/14. Exam noted unchanged exact findings in left hand; lumbar spine; and bilateral knees and again without any exam involving the hip joints. There were no diagnoses involving the hip. The request(s) for MRI (Bilateral Hips) were non-certified on 7/28/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Bilateral Hips): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014: Low Back-MRI; Hip and Pelvis - MRI

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip, MRI (magnetic resonance imaging), page 254.

Decision rationale: This 66 year-old patient sustained a continuous injury to the upper and lower body on 12/31/2001 while employed by [REDACTED]. Request under consideration include MRI (Bilateral Hips). Diagnoses include carpal tunnel syndrome; knee internal derangement, recurrent shoulder dislocation, lumbar strain, and limb pain. Conservative care has included medications, physical therapy, surgery, and modified activities/rest. Report of 2/5/14 from the provider noted the patient with chronic lower back and bilateral knees, wrist pain. Exam showed lumbar spine spasm, restricted range, SLR positive on left, 4/5 EHL and DF, and reduced left L5 dermatome sensation; knees with tenderness and well-healed scars. Diagnoses included lumbar radiculopathy; bilateral internal derangement s/p TKR; and left first metacarpal osteoarthritis. Medications were refilled. Exams of 4/16/14 and 5/28/14 from the provider had no mention of hip complaints, remarkable clinical findings or diagnoses relating to hip joints. Report of 5/28/14 from the provider noted the patient with ongoing chronic back, bilateral hips, with weakness in bilateral extremities, and knee pain s/p right TKA. Exam showed paravertebral tenderness, spasm, restricted range, positive SLR on left side, 4/5 decreased motor strength at EHL and DF with reduced left L5 sensation; bilateral knees with joint line tenderness with well-healed scars. The patient remained P&S. Report of 7/2/14 from the provider noted no response for request for MRIs of bilateral hip made on 5/28/14. Exam noted unchanged exact findings in left hand; lumbar spine; and bilateral knees and again without any exam involving the hip joints. There were no diagnoses involving the hip. The request(s) for MRI (Bilateral Hips) were non-certified on 7/28/14. There are no x-rays of the hips for review. Guidelines states that most hip problems improve quickly once any red-flag issues such as tumors, osteonecrosis, and occult acute fracture are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results). Submitted reports have not adequately demonstrated remarkable symptoms, clinical findings, diagnoses, or identified acute flare-up, new injuries or progressive change to support for the imaging study. The MRI (Bilateral Hips) is not medically necessary and appropriate.