

<b>Case Number:</b>	CM14-0134764		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	05/28/2014
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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 Interventional Spine 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 patient is a 62 year old male with an injury date of 05/28/14. Based on the 07/02/14 progress report provided by [REDACTED] the patient complains of consistent left groin pain rated 7/10. Physical examination reveals increased pain on palpation of the left groin. Pain in left hip and groin are increase with external rotation of left hip joint. The patient is taking Norco for the pain and awaiting surgical consult to rule out possible inguinal hernia left groin. He is also awaiting authorization for physical therapy. Progress report dated 06/04/14 states patient tried Tylenol, Advil and ice with limited relief. The patient is status post right inguinal hernia repair 2012. The diagnosis on 07/02/14 was groin strain and strain of muscle, fascia and tendon of left hip. The diagnosis on 06/18/14 was groin strain and left hip pain. [REDACTED] is requesting MRI of the left groin MRI of the left hip. The utilization review determination being challenged is dated 08/07/14. The rationale is "the request does not meet guidelines." [REDACTED] is the requesting provider and he provided treatment reports from 05/28/14 - 07/02/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the Left Groin and 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, Hip and Pelvis

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC, Hip MRI: (<http://www.odg-twc.com/odgtwc/hip.htm>)

**Decision rationale:** The patient presents with consistent left groin pain rated 7/10. The request is for MRI of the left groin MRI of the left hip. The patient is taking Norco for the pain and awaiting surgical consult to rule out possible inguinal hernia left groin. Official Disability Guidelines - TWC guidelines has the following regarding Hip MRI: "Recommended as indicated below. MRI is both highly sensitive and specific for the detection of many abnormalities involving the hip or surrounding soft tissues and should in general be the first imaging technique employed following plain films. Indications for imaging-- Magnetic resonance imaging: Osseous, articular or soft tissue abnormalities, Osteonecrosis, Occult acute and stress fracture, Acute and chronic soft-tissue injuries, Tumors. Exceptions for MRI: Suspected osteoid osteoma (See CT), Labral tears (use MR arthrography)." The provider wants to rule out possible inguinal hernia to left groin. The patient presents with symptoms and diagnosis of groin strain and strain of muscle, fascia and tendon left hip, which indicate acute and chronic soft-tissue injury per Official Disability Guidelines. However, the request for two MRI's, one for hip and one for the groin are excessive. Furthermore, there is no documentation of plain films in review of reports. Therefore, this request is not medically necessary.