

Case Number:	CM14-0151907		
Date Assigned:	09/22/2014	Date of Injury:	09/29/2006
Decision Date:	11/10/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/17/2014

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 General Surgery and is licensed to practice in Texas. 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 44-year-old male who reported an injury on 09/29/2006. The mechanism of injury was not submitted for clinical review. The diagnoses included pain in limb, knee pain, foot pain, low back pain. The previous treatments included a Functional Restoration Program, medication. Within the clinical note dated 06/02/2014, it was reported the injured worker complained of lower extremity pain, left elbow pain, left knee pain, bilateral ankle pain, and right groin pain. He rated his pain 8/10 in severity. On the physical examination, the provider noted the range of motion of the left knee was restricted with flexion at 70 degrees and extension at 20 degrees. There was tenderness to palpation noted over the lateral joint line, medial joint line, and patella. The request submitted is for an MRI of the pelvis. However, a rationale is not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) with and without contrast material, of the pelvis to rule out infection: 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), Imaging

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

Decision rationale: The Official Disability Guidelines state that an MRI is the most accepted form of imaging for finding avascular necrosis of the hip and osteonecrosis. An MRI is both highly sensitive and specific for the detection of many abnormalities involving the hip and surrounding soft tissues and should, in general, be the first imaging technique employed following plain films. Indications for imaging include osseous, articular, or soft tissue abnormalities, osteonecrosis, occult, and acute stress fracture; acute and soft tissue injuries; or tumors. There is lack of clinical documentation indicating there was detection of any abnormalities involving the hip or surrounding areas. There is significant lack of neurological deficits, such as decreased sensation or motor strength of the hip. Therefore, the request is not medically necessary.