

Case Number:	CM14-0167594		
Date Assigned:	10/14/2014	Date of Injury:	06/06/2006
Decision Date:	11/18/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/10/2014

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:

The patient is a 62 year old male who was injured on 06/06/2006 while lifting causing her to injury her right hip. There are no records of conservative treatments or diagnostic studies. Orthopedic evaluation dated 08/06/2014 states the patient complained of pain in the right hip and low back especially on the right as well as over the right SI joint. He reported he is unable to do prolonged activities such as standing, walking, lifting, bending, or stooping. On exam, he has tenderness to palpation over the right greater trochanteric region but is within normal limits. He is diagnosed with painful right hip, status post right hip joint replacement with residuals, and mild greater trochanteric bursitis. He was recommended for an updated CT of the right hip as he continues to have pain in the hip. Prior utilization review dated 09/11/2014 by [REDACTED] states the request for CT scan of right hip is not certified as serial radiographs are preferred to document etiology for the pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of right hip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Hip and Pelvis Chapter: Computed tomography

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hips and pelvis, Computed tomography Bull NYU Hosp Jt Dis. 2009; 67(2): 168-72, Evaluation of persistent pain after hip resurfacing; Nikolaou V1.

Decision rationale: Guidelines state that CT is recommended for sacral insufficiency fracture, suspected osteoid osteoma, subchondral fractures, failure of closed reduction. The medical records do not document these indications. Also, references that studies pain following hip procedures suggested that serial radiographs should be reviewed and compared for changes indicative of loosening, migration, and osteolysis. The medical records do not indicate that serial radiographs have been done. The medical necessity of this request is not established.