

Case Number:	CM14-0169968		
Date Assigned:	10/20/2014	Date of Injury:	09/17/2013
Decision Date:	11/21/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/15/2014

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 Family Medicine and is licensed to practice in Florida. 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 25-year-old male who was injured on 9/17/2013. Documentation states that he was "standing in the back of a lift gate and he was hit by another truck going approximately 40 mph." Documentation also states that multiple X-rays performed on multiple body parts at the ER were negative. He presented for evaluation of pain in the neck, right shoulder, right knee, low back, and bilateral hips on 9/26/2014. It was noted at this visit that the patient has not been able to return to work as an employee or fulfill his work restrictions, and is not participating in any form of active therapy - although it is suggested that he is performing some home exercises. He has been prescribed Cymbalta and Ultracet for pain. He was also previously tried on physical therapy, but documentation indicates that he was unable to complete the therapy due to pain. No history of surgical interventions has been documented in the provided records, although a request is pending approval for a bilateral lumbar medial branch block procedure. Physical exam was significant for decreased sensation in the right lower extremity L5 nerve distribution. Lumbar facet stress was positive. Muscle spasm in the lumbar paraspinal muscle was noted, and decreased range of motion in the lumbar spine was also noted. No physical exam findings consistent with internal hip derangement were noted in the provided documentation. The evaluating physician requested an MRI of the bilateral hips. This request was examined by a utilization review physician and not certified. Likewise, an independent medical review has been requested regarding the medical necessity of an outpatient MRI of the bilateral hips.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient: MRI of bilateral hips: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation, 2014 web-based edition

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evaluation of the patient with hip pain. American Academy of Family Physicians. 2014 Jan 1;89(1):27-34.

Decision rationale: MTUS does not specifically address the evaluation of bilateral hip pain by an MRI. Likewise, this independent medical review requires that other guidelines be examined. The American Academy of Family Physicians recommends, "plain film radiography be performed if acute fracture, dislocations, or stress fractures are suspected. Initial plain radiography of the hip should include an anteroposterior view of the pelvis and frog-leg lateral view of the symptomatic hip. Magnetic resonance imaging should be performed if the history and plain radiograph results are not diagnostic." No plain film x-rays were performed in advance of this requested for bilateral hip MRI's. Therefore, this request for an outpatient MRI of the bilateral hips is considered not to be medically necessary.