

Case Number:	CM14-0170855		
Date Assigned:	10/23/2014	Date of Injury:	12/11/2004
Decision Date:	11/24/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/16/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic hip, elbow, shoulder, neck, and low back pain reportedly associated with an industrial injury of December 11, 2004. Thus, far the applicant has been treated with the following: Analgesic medications; earlier lumbar spine surgery; earlier shoulder surgery; multiple elbow surgeries; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 6, 2014, the claims administrator denied a request for MRI imaging of the hip stating that the attending provider's documentation was incomplete. The applicant's attorney subsequently appealed, on October 15, 2014. In a progress note dated September 24, 2014, the applicant reported ongoing complaints of neck, shoulder, hip, and bilateral upper extremity pain, 9/10. The applicant's hip pain was reportedly increased. The applicant was having issues with tremors. The applicant had reportedly fallen, it was noted. The applicant was reportedly using MS Contin, Norco, Lyrica, naproxen, Cymbalta, Prozac, Zoloft, Neurontin, Singulair, sucralfate, Levoxyl, Pepcid, and Desyrel, it was noted. The applicant was having issues with heartburn. Tenderness was noted about the hip with a slightly antalgic gait appreciated. The applicant was permanent and stationary. Multiple medications were renewed. A hip MRI was sought. The applicant was asked to consult a neurologist to further evaluate her seizure.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the right 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 (ODG), Hip & Pelvis Chapter, MRI (magnetic resonance imaging); Indications for imaging - Magnetic resonance imaging

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Hip and Groin Chapter, Diagnostic Testing section.

Decision rationale: The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines, Hip and Groin Chapter, MRI is "not recommended" in the routine evaluation of applicants with chronic hip joint pathology, including degenerative joint disease. While ACOEM does outline other criteria for pursuit of hip MRI imaging, including in the evaluation of suspected osteonecrosis, in the evaluation of suspected hip instability and/or in the evaluation of osteonecrosis, femoral acetabular impingement, gluteus medius tears, and/or trochanteric bursitis, in this case, however, it was not clearly stated what was sought. It was not clearly stated what was suspected. It was not clearly stated how the proposed hip MRI would influence or alter the treatment plan. It appeared that the bulk of the applicant's issues were a function of neurologic issues associated with tremors. The attending provider did not outline how the proposed hip MRI would influence or alter the treatment plan. The documentation on file suggested that the MRI imaging was being performed or routine or evaluation purposes, with no clear intention of acting on the results of the same. This is not an ACOEM-endorsed role for hip MRI imaging. Therefore, the request of MRI (magnetic resonance imaging) of the right hip is not medically necessary and appropriate.