

Case Number:	CM14-0171180		
Date Assigned:	10/23/2014	Date of Injury:	09/27/2012
Decision Date:	12/12/2014	UR Denial Date:	09/25/2014
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 Internal Medicine and is licensed to practice in New York. 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 53 year old male with a date of injury of 09/27/2012. He climbed out of a truck, missed a step and landed on his back. He fell about 5 feet and sustained injuries to his right shoulder, back and right hip. He had chiropractic care, physical therapy and had a right shoulder rotator cuff repair with acromioplasty. On 08/14/2014 he had an office visit and wanted a MRI of his right hip and neck. On 09/08/2014 he was working with restrictions. He had heartburn, depression, emotional complaints, neck pain, back pain, right hip pain and right shoulder pain. He was 5'9" tall and weighed 240 pounds. Right hip flexion was 100 degrees, external rotation was 20 degrees, abduction was 20 degrees and adduction was 10 degrees. Right hip x-ray revealed cystic changes in the lateral acetabula region. There was a request for a right hip MRI and then changing this to a request for a MRA or adding a MRA depending on the results of a MRI of the hip. He had 4/5 weakness of the right hip.

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 Section, MRI/MRA

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 3rd Edition, (2011) , page(s) Hip and Groin Disorders.

Decision rationale: MTUS ACOEM 2nd edition 2004 does not mention hip injuries. However, there are updates for hip injuries and there is a chapter on hip complaints in the 3rd edition 2011 ACOEM Guidelines that states that MRI of the hip is not recommended for degenerative disease. This is quoted by Dr. Hegmann Editor in Chief of ACOEM guidelines on 08/31/2011. This patient has some cystic changes two years after an injury. The cystic changes are degenerative disease changes and the MRI of the hip is not consistent with ACOEM guidelines.