

Case Number:	CM14-0020656		
Date Assigned:	05/09/2014	Date of Injury:	08/14/2009
Decision Date:	07/09/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/19/2014

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 hip, pelvis, and ankle pain reportedly associated with an industrial injury of August 14, 2009. Thus far, the applicant has been treated with the following: Analgesic medications, attorney representation; transfer of care to and from various providers in various specialties; an earlier knee arthroscopy and meniscectomy surgery in January 2011; unspecified amounts of physical therapy over the life of the claim; and extensive periods of time off of work. In a Utilization Review Report dated January 14, 2014, the claims administrator denied a request for MRI imaging of the hip and pelvis, citing non-MTUS ODG Guidelines. The claims administrator, it is incidentally noted, erroneously mislabeled the ODG Hip MRI Guidelines as originating from the MTUS. The rationale is quite sparse; however, the claims administrator appears to have based this denial on lack of compelling rationale from the attending provider for the diagnostic testing in question. The applicant's attorney appealed. A December 30, 2013 progress note is notable for comments that the applicant reported persistent knee pain, leg pain, groin pain, back pain, and hip pain. The applicant exhibited an antalgic gait. Well-preserved hip range of motion is noted without reproducible tenderness to touch about the either the hip or pelvis. X-rays of the hip demonstrated mild degenerative changes. No motor deficits were noted. It appears that hip and pelvic MRI imaging were endorsed, although some portion of the progress note appears to have been truncated owing to repetitive photocopying and faxing. Multiple earlier notes interspersed throughout 2013, including October 30, 2013, suggested that the applicant is a qualified injured worker and was apparently not working. The list of diagnoses included knee pain status post partial medial meniscectomy, internal derangement and degenerative joint disease of the knee, lateral ligament injury of the ankle, and straining injury of the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI RIGHT PELVIS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Hip and Groin Chapter, MRI Imaging section.

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, MRI Imaging section.

Decision rationale: The MTUS does not address the topic. While the Third Edition ACOEM Guidelines do support hip and pelvic MRI imaging to evaluate suspected diagnoses such as osteonecrosis, femoral acetabular impingement syndrome, gluteus medius tendinosis or tears, trochanteric bursitis, etc., in this case, however, it was not clearly stated what was suspected. It was not clearly stated what items were on the differential diagnoses. It was not clearly stated how MRI imaging would influence the treatment plan. The bulk of the documentation on file focussed on other body parts, including issues with the applicant's knee, low back, and shoulder. There was comparatively little or no mention made of issues related to the hip. No clear operating diagnosis or differential diagnosis was provided. It was not clearly stated how the applicant would act on the results of the testing in question. It is further noted that some portion of the progress note on which the test was requested appears to have been truncated. Therefore, the request is not medically necessary.

MRI RIGHT HIP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Hip and Groin Chapter, MRI Imaging section.

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, MRI Imaging section.

Decision rationale: The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines, MRI imaging of the hip is not recommended for routine evaluation of acute, subacute, or chronic hip pathology. In this case, the applicant does seemingly have low-grade, mild hip pathology/hip discomfort. There were no deficits appreciated about the hip in terms of either range of motion or strength on the December 30, 2013 office visit in question in which the test was sought. While hip MRI imaging could be endorsed, per ACOEM, had the attending provider clearly voiced a suspicion of femoroacetabular impingement, gluteus medius tendinosis, trochanteric bursitis, osteonecrosis, etc., in this case, however, no clearly voiced suspicion of any of these diagnostic concerns was raised. A portion of the progress note in which the test was sought appears to have been truncated. Therefore, the request is not medically necessary.

