

Case Number:	CM14-0021019		
Date Assigned:	02/21/2014	Date of Injury:	02/01/2013
Decision Date:	07/02/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/10/2014

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 & Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 injured worker is a 35-year-old male who reported an injury on 02/01/2013 secondary to a fall. His diagnoses include a closed fracture of the calcaneus, bilateral knee pain and bilateral hip pain. The injured worker underwent an open reduction and internal fixation of the calcaneal fractures on 02/11/2013. He was treated with an extensive course of postoperative physical therapy for the feet and ankles. According to the medical records submitted for review, the injured worker has also been treated with medications, orthotic shoes, a walker, and an electric heating pad. The injured worker was evaluated on 11/20/2013 and reported improved right heel pain, severe left heel pain and persistent pain in the hips, groin and knees bilaterally. On physical examination, the injured worker was noted to have pain with internal rotation of the right hip. He was recommended to continue with medications, and he was also recommended for an MRI of the hips and the knees due to persistent pain in those areas. The Request for Authorization was submitted on 11/27/2013 for an 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:

MAGNETIC RESONANCE IMAGE (MRI) OF THE RIGHT HIP: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer 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).

Decision rationale: The request for an MRI of the right hip is not medically necessary. The injured worker reported persistent pain in the hips bilaterally, and he was noted to have pain with internal rotation of the right hip. There were no other recent subjective reports or objective physical examination findings documented regarding the right hip. The Official Disability Guidelines may recommend an MRI of the hip when plain radiographs are negative, and there is reasonable suspicion of osteonecrosis, osseous articular or soft tissue abnormalities, occult fractures, or tumors. An MRI may be performed prior to radiography when there is suspected osteoid osteoma or labral tears. The injured worker was recommended for an MRI of the bilateral hips due to persistent pain. There was a lack of documented evidence to indicate reasonable suspicion of any of the above-named conditions. The medical records submitted for review also failed to provide any plain radiograph of the hip. Furthermore, although the injured worker has attended an extensive course of physical therapy for the ankle and foot, there was a lack of documented evidence to indicate that the injured worker has received physical therapy treatments for the hip. Therefore, the medical records failed to indicate that the injured worker has been treated with an appropriate course of conservative care for the right hip. There are no exceptional factors documented to indicate that the injured worker is unable to participate in conservative care measures for the right hip. In the absence of documentation of significant physical examination findings regarding the hip, plain radiographs of the hip and conservative care for the hip, the necessity of an MRI for the right hip has not been established. As such, the request for an MRI of the right hip is not medically necessary.