

<b>Case Number:</b>	CM14-0022451		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	02/01/2013
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 35-year-old male with a date of injury of 02/01/2013. The listed diagnoses per [REDACTED] are fracture closed calcaneus, bilateral, S/P ORIF on 02/11/2013, L2 and L5 transverse process fracture, left shoulder pain, bursitis, and rotator cuff impingement, bilateral hip pain and bilateral knee pain. According to the 12/18/2013 progress report by [REDACTED], the patient presents with persistent pain in bilateral hips, bilateral groin, and bilateral knees. An examination revealed the patient ambulates with the use of a front-wheeled walker. Bilateral hip pain is "limited at ends of range in all planes." Pain elicited on internal rotation of the right hip. The provider requests authorization for "MRI both hips and knees due to persistent pain in those areas." Utilization Review denied the request on 12/31/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **MRI OF THE LEFT HIP:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Internet Version 2013: Hip & Pelvis (Acute & Chronic) MRI.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC guidelines has the following regarding Hip MRI: (<http://www.odg-twc.com/odgtwc/hip.htm>)

**Decision rationale:** This patient presents with persistent pain in both hips, bilateral groin, and bilateral knees. The provider is requesting an MRI of the left hip due to persistent pain. The utilization review denied the requests stating there is no documentation of preliminary studies such as x-rays and there is no physical findings indicating presence of internal derangement of the hip. ACOEM and California MTUS guidelines do not address MRI for the hip/pelvic but ODG guidelines support MRI's for soft tissue issues, osteonecrosis, occult and stress fractures, r/o tumors or infection, etc. In this case, the patient has been complaining of groin and hip pain since February 2013. Review of the medical files indicates the patient has not had any prior MRIs. Given the continued complaints of pain, an MRI of the pelvis for further investigation may be warranted. The request is medically necessary.