

Case Number:	CM14-0024226		
Date Assigned:	06/16/2014	Date of Injury:	01/16/2013
Decision Date:	08/11/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/26/2014

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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 51-year-old male was reportedly injured on January 16, 2013. The mechanism of injury is noted as straining to the left groin. The most recent progress note, dated May 28, 2014, indicated there were ongoing complaints of left hip pain. The physical examination demonstrated tenderness across the left inguinal area and buttocks as well as obesity. There was slightly decreased left hip range of motion in all directions. A neurological examination of the lower extremities was within normal limits. Celebrex was continued. A request was made for a magnetic resonance imaging (MRI) of the left hip and surgical referral and was not certified in the pre-authorization process on February 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LEFT HIP AND GROIN: 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), MRI (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: According to the attached medical record, the injured employee has already had a magnetic resonance imaging (MRI) of the left hip just after the stated date of injury. The study was found to be normal. There has been no change in symptoms or re-injury since that date, and an additional MRI of the left hip is not medically necessary.

SURGEON CONSULTATION FOR THE LEFT HIP AND GROIN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7: Independent Medical Examinations and Consultations.

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), 2nd Edition, (2004), Chapter 7: Independent Medical Examinations and Consultations, page 127.

Decision rationale: According to the attached medical record, the injured employee has already seen a surgeon regarding his left hip pain. The recommendations from that visit were for treatment of obesity. Considering this, additional surgical consultation for the left hip and groin is not medically necessary.