

<b>Case Number:</b>	CM14-0025712		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/04/1987
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 72-year-old male who sustained injuries to his bilateral hips on 11/04/87. The mechanism of injury was not documented. The injured worker continued to complain of bilateral hip pain and radicular chronic low back pain. The clinical note dated 10/18/13 reported that the injured worker stated that his signs/symptoms were unchanged since the 06/28/13 visit. Physical examination noted ambulation with a forward flexed gait; decreased range of motion of the shoulder; lumbar spine decreased range of motion with extension; motor strength 4/5 in the bilateral lower extremities; sensation normal; deep tendon reflexes (DTRs) difficult to assess. Treatment to date has included multiple oral medications including opioids. Previous workup and imaging studies were not included in the medical records provided for review. There were no physical therapy notes provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 - MRI RIGHT HIP WITHOUT CONTRAST AS OUTPATIENT: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES - HIP AND PELVIS.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and pelvis chapter, MRI (magnetic resonance imaging).

**Decision rationale:** The previous request was denied on the basis that the medical records did not indicate if plain radiographs of the bilateral hips had been obtained prior to the request for a more advanced MRI. There were minimal objective findings on physical examination present regarding the joints; if the 72 year old injured worker had significant degenerative joint disease, there would be no indication to proceed with an MRI study of the hip. There was no significant indication that a diagnosis of avascular necrosis was trying to be determined and plain radiographs would be supported prior to resorting to an MRI study. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There were no additional significant red flags identified. Given this, the request for MRI of the right hip without contrast as an outpatient is not medically necessary.

### **1 - MRI LEFT HIP WITHOUT CONTRAST AS OUTPATIENT: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES - HIP AND PELVIS.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and pelvis chapter, MRI (magnetic resonance imaging).

**Decision rationale:** The previous request was denied on the basis that the medical records did not indicate if plain radiographs of the bilateral hips had been obtained prior to the request for a more advanced MRI. There were minimal objective findings on physical examination present regarding the joints; if the 72-year-old injured worker had significant degenerative joint disease, there would be no indication to proceed with an MRI study of the hip. There was no significant indication that a diagnosis of avascular necrosis was trying to be determined and plain radiographs would be supported prior to resorting to an MRI study. There was no report of a new acute injury or exacerbation of previous symptoms. There was no mention that a surgical intervention was anticipated. There were no additional significant red flags identified. Given this, the request for MRI of the left hip without contrast as an outpatient is not medically necessary.