

<b>Case Number:</b>	CM14-0040579		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	04/17/2008
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 52-year-old male was reportedly injured on April 17, 2008. The mechanism of injury is noted as helping another person from falling. The most recent progress note, dated May 6, 2014, indicates that there are ongoing complaints of right knee pain. The physical examination demonstrated a normal gait without the use of any assistance devices. There was a trace effusion of the right knee and range of motion was from 0 degrees to 125 degrees. There was tenderness at the medial patellar facet and the medial joint line. There was a positive McMurray's test. Arthroscopic right knee surgery was recommended. Diagnostic imaging studies of the right knee dated November 15, 2013, noted a tiny partial thickness intra-articular cartilage fissure at the lateral facet of the patella. A request had been made for an MRI of the left hip without contrast and was not certified in the pre-authorization process on March 7, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of left hip without contrast:** 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 and Pelvis, Magnetic Resonance Imaging, Updated March 25, 2014.

**Decision rationale:** According to the most recent progress note dated May 6, 2014, the injured employee has no complaints of left hip pain or pain radiating to the left hip region. Therefore it is unclear why there is a requested MRI of the left hip. Without additional justification, this request for an MRI of the left hip without contrast is not medically necessary.