

Case Number:	CM14-0049509		
Date Assigned:	07/07/2014	Date of Injury:	02/13/2014
Decision Date:	08/25/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/17/2014

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 Family Practice, 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 23 year old male who sustained an industrial injury on 2/13/14. The patient reported injury while picking up boxes of bagels. Treatment to date has included physical therapy and medications. The patient was seen on 3/20/14 at which time he complained of low back pain radiating down the left and right buttock area. He also complained of right knee pain and difficulty falling sleep. Right hip examination reveals tenderness and decreased range of motion of the lumbosacral spine. Lumbar spine examination revealed tenderness and decreased range of motion. He was diagnosed with lumbar sprain/strain, right gluteus numbness and right thigh and hip sprain. Request was made for right hip and lumbar MRI, physical therapy, chiropractic treatment, and spinal orthopedic consultation. UR denied the request for right hip MRI on 4/8/14 at which time a 3/20/14 report was reviewed. The prior peer reviewer noted that no physical examination findings of the right hip are provided to support medical necessity of right hip MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of the right hip without contrast.: 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, MRI.

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

Decision rationale: The medical necessity of the request for right hip MR imaging is not supported. The medical records do not provide detailed examination findings of the right hip to support the request for advanced imaging. There is no evidence of specific trauma to the right hip. An examination finding of tenderness does not justify the request for an MRI. In the absence of red flags, and positive orthopedic physical examinations findings suggesting internal derangement, the requested study would not be medically necessary.