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| Case Number: | CM14-0057272 | | |
| Date Assigned: | 07/09/2014 | Date of Injury: | 08/20/2013 |
| Decision Date: | 09/09/2014 | UR Denial Date: | 04/15/2014 |
| Priority: | Standard | Application Received: | 04/28/2014 |

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 Occupational 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 applicant is represented [REDACTED] employee who has filed a claim for chronic low back, hip, shoulder, and thumb pain reportedly associated with an industrial injury of August 20, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a utilization review report dated April 15, 2014, the claims administrator denied a request for MRI imaging of the hip. The claims administrator stated that the operating diagnosis was that of labral tear and that MR arthrography, per ODG, was preferable to non-contrast MRI in the evaluation of the same. It was incidentally noted that the applicant had had six sessions of the physical therapy, per the claims administrator, and that the applicant was pregnant during portions of the claim. In a November 11, 2013 note, the applicant was described as working full time as a microbiology analyst. Persistent complaints of neck, shoulder, and hip pain were noted, collectively rated as 9/10. The applicant was using prenatal vitamins, Tylenol, and Motrin, it was stated. Tenderness was appreciated about the greater trochanter of the hip with a negative Faber maneuver. A rather proscriptive 5-pound lifting limitation was endorsed. The applicant was asked to obtain care from an obstetrician. The attending provider noted that the applicant's trochanteric bursitis of the hip could be treated by physical therapy and/or corticosteroid injection therapy. On March 17, 2014, the applicant was again described as having ongoing issues with hip pain. Work restrictions were endorsed as of that point in time. On February 24, 2014, the applicant was described as having delivered a child by C-section on January 7, 2014. Persistent complains of hip pain were again noted. Work restrictions were endorsed.

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 Official Disability Guidelines, (ODG) Hip & Pelvis: MRI (magnetic resonance imaging).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Hip and Groin Chapter, Summary of Recommendations section.

Decision rationale: The item highest on the differential diagnosis list, as stated by the attending provider, is trochanteric bursitis of the hip. The MTUS does not address the topic of hip MRI imaging. As noted in the Third Edition ACOEM Guidelines, MRI imaging is particularly helpful for a variety of hip diagnoses, including the trochanteric bursitis suspected here. The applicant's persistent hip pain does warrant imaging to establish a definitive diagnosis and/or treatment plan. Therefore, the MRI of the left hip is medically necessary.