

Case Number:	CM14-0066192		
Date Assigned:	07/11/2014	Date of Injury:	08/21/2008
Decision Date:	08/08/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/09/2014

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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 60-year-old gentleman with a date of injury of 08/21/2008. A report by [REDACTED] dated 04/22/2014 identified the mechanism of injury as a twisting phenomenon. Office visit notes by [REDACTED] dated 10/11/2013, 12/06/2013, 03/06/2014, 04/17/2014, and 05/29/2014 and [REDACTED] above report indicated the worker was experiencing lower back pain and pain in the side of the left hip and groin. Documented examinations consistently described a flattened lower back curve, tenderness in the lower back and outer left hip, and decreased movement in the lower back and left hip joints. X-rays and a hip MRI were apparently done on 01/07/2013, but neither the reports nor a detailed discussion of the findings was included. The submitted and reviewed records concluded the worker was suffering from hip, back, and groin pain. Treatment had included back surgery, injected steroids into the lower back, lower back support, chiropractic care, and medications. A Utilization Review decision by [REDACTED] was rendered on 05/02/2014 recommending non-certification for left hip magnetic resonance imaging (MRI).

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: 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), Hip & Pelvis, Procedure Summary (last updated 03/25/2014).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Taljanovic MS, et al. Chronic hip pain. American College of Radiology Appropriateness Criteria, 2011. Accessed 08/04/2014. <http://www.acr.org/~media/ACR/Documents/AppCriteria/Diagnostic/ChronicHipPain.pdf>. Jude CM, et al. Radiologic evaluation of the painful hip in adults. Topic 1816, version 13.0. UpToDate, accessed 08/04/2014. Anderson BC, et al. Evaluation of the adult with hip pain. Topic 252, version 8.0. UpToDate, accessed 08/04/2014.

Decision rationale: The MTUS Guidelines are silent as to the issue of using repeat magnetic resonance imaging (MRI) to assess ongoing hip pain. Trochanteric bursitis involves swelling in the hip and is one of the most common causes of hip pain. It is often caused by walking differently, such as from lower back stiffness. The American College of Radiology (ACR) Guidelines and literature support the use of MRI to look more closely at the hip when there are symptoms and findings of this condition. The submitted and reviewed documentation supported the conclusion that the worker was suffering from trochanteric bursitis or a similar condition since at least 10/11/2013. However, while a prior MRI of the hip done 01/07/2013 was mentioned, the detailed findings were not provided or discussed. The reviewed documentation also did not indicate the worker's condition had significantly changed since the prior advanced imaging was done. In the absence of such evidence, the current request for a repeated left hip MRI is not medically necessary.