

Case Number:	CM14-0076715		
Date Assigned:	07/18/2014	Date of Injury:	12/15/2009
Decision Date:	09/12/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/27/2014

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 has a subspecialty in Interventional Spine 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 36 year old female with an injury date of 12/15/09. Based on 01/28/14 progress report provided by [REDACTED] the patient presents with greater trochanteric bursitis. The physical examination documented that the left greater trochanter is tender to palpation and her range of motion is decreased in flexion/abduction by 10%. The patient takes medications to alleviate her pain. A progress report dated 01/08/14 by [REDACTED] states that 12 additional sessions of post-operative physical therapy were requested. She had right knee arthroscopic chondroplasty and left knee arthroscopic partial meniscectomy, chondroplasty, and synovectomy on 12/31/14. [REDACTED] is requesting for 1. X-Ray of the Left Hip 2. X-Ray of the Pelvis. The utilization review determination being challenged is dated 05/13/14. The rationale is that current narrative report/PR-2 from the requesting physician indicating physical/objective findings to support the request were not submitted. [REDACTED] is the requesting provider, and he provided treatment reports from 08/13/13 - 06/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray of the Left Hip: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Second Edition Occupational Medicine Practice Guidelines; Reed Group/The Medical Disability Advisor; Official Disability Guidelines/integrated Treatment Guidelines.

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

Decision rationale: The patient is experiencing constant dull to sharp pain with occasional burning. The request is for X-Ray of the Left Hip. Physical examination shows that regarding the left hip, the left greater trochanter is tender to palpation and range of motion is decreased in flexion/abduction by 10%. ODG states that "X-Rays of hip and pelvis are recommended and plain radiographs of the pelvis should routinely be obtained in patients sustaining a severe injury" to rule-out fractures. In this case, while the patient has persistent pain in the hip area, the treating physician does not document any recent new injuries to suspect a fracture and fails to explain why X-rays are needed either given the patient's chronic pain. The request is not considered medically necessary.

X-Ray of the Pelvis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Second Edition Occupational Medicine Practice Guidelines; Reed Group/The Medical Disability Advisor; Official Disability Guidelines/integrated Treatment Guidelines.

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

Decision rationale: The patient is experiencing constant dull to sharp pain with occasional burning. The request is for an X-Ray of the Pelvis. Physical examination shows that regarding the left hip, the left greater trochanter is tender to palpation and range of motion is decreased in flexion/abduction by 10%. ODG states that "X-Rays of hip and pelvis are recommended and plain radiographs of the pelvis should routinely be obtained in patients sustaining a severe injury" such as fractures. In this case, while the patient has persistent pain in the hip area, the treating physician does not document any recent new injuries to suspect a fracture and fails to explain why X-rays are needed either given the patient's chronic pain. The request is considered not medically necessary.