

Case Number:	CM14-0077802		
Date Assigned:	07/18/2014	Date of Injury:	06/19/2007
Decision Date:	08/18/2014	UR Denial Date:	04/28/2014
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 Pain Medicine and Rehabilitation 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 injured worker is a 51-year-old female with an original date of injury of June 19, 2007. The covered body regions of the industrial injuries include the right shoulder, right knee, lumbar spine, and right hip. The injury occurred secondary to pulling a bad. The patient has had conservative treatment with pain medications and corticosteroid injection. The disputed request is for an MRI of the right hip and pelvis. A utilization review determination had non certified this request on April 28, 2014. The stated rationale was that the patient had normal range of motion and normal strength, and no signs and symptoms of internal derangement of the right hip or disorder of the pelvis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for MRI right hip/pelvis: 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 & Pelvis Chapter, MRI.

Decision rationale: In the case of this retrospective request, a right hip MRI has already been performed on May 24, 2013. This demonstrated minimal spurring of the right hip without acute osseous, liberal, tenderness, or muscular signal abnormality. In the submitted documentation, there are several progress notes after the date that this MRI was performed. The medical necessity of an MRI should be evaluated based upon preceding factors that demonstrate a need for specialized imaging. In this case, the submitted documentation does not contain any documents or progress notes around the time of the original request to warrant hip MRI. This request is not medically necessary.