

Case Number:	CM14-0082841		
Date Assigned:	07/21/2014	Date of Injury:	01/30/2014
Decision Date:	09/18/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/04/2014

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 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 59-year-old female who reported an injury on 01/30/2014. The mechanism of injury was not provided for clinical review. The diagnoses included functionally improved residual subjective discomfort, left lower back, buttock and groin. The previous treatments include medication and physical therapy. Within the clinical note dated 03/08/2014, it was reported the injured worker complained of left sided hip pain, as well as right shoulder and knee pain. She reported the left sided low back, buttock and hip pain are better, but still present. Upon the physical examination the provider noted the injured worker had no restriction or trouble with hip rotation. The injured worker had a negative straight leg raise. The provider indicated the injured worker had full hip range of motion. The provider requested an MRI of the pelvis for residual ache, which causes the patient anxiety. The Request for Authorization was submitted and dated on 06/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) Pelvis: 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-TWC) 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 Official Disability Guidelines (ODG) Hip/Pelvis, MRI.

Decision rationale: The request for an MRI pelvis is not medically necessary. The Official Disability Guidelines note MRI is most accepted form of imaging for finding avascular necrosis of the hip and osteonecrosis. MRI is both highly sensitive and specific for the detection of abnormalities involving the hip or surrounding soft tissues and should, in general, be the first imaging technique employed following films. The guidelines note indications for imaging studies are osseous, articular or soft tissue abnormalities, tumors, acute and chronic soft tissue injuries, occult, acute and stress fracture. There is lack of documentation indicating the provider suspected the injured worker to have tumors or acute and chronic soft tissue injuries. There is lack of significant neurological deficits, such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. Therefore, the request is not medically necessary.