

<b>Case Number:</b>	CM14-0083827		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	09/06/2011
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 Nevada. 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 52 year-old male who was reportedly injured on 9/6/2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated 4/10/2014 indicates that there are ongoing complaints of hearing loss, penile discoloration, low back pain and abdominal pain. The physical examination demonstrated, head: no lesions or masses, no tenderness from palpation. Ear nose throat: tympanic membrane intact no redness, no supraorbital or maxillary sinus tenderness to palpation. Neck: supple, trachea midline. gastrointestinal: soft non-tender, non-distended, bowel sounds present 4 quadrants, no palpable masses, genitourinary: no suprapubic tenderness to palpation, no costovertebral angle tenderness and white discoloration of the foreskin on his glans penis which appears to be healed skin from original traumatic events, mild peri glans erythema. No reason diagnostic studies are available for review. Previous treatment is not listed in this report. A request had been made for computed tomography scan of the pelvis and was not certified in the pre-authorization process on 5/21/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Computed Tomography of the 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, Hip and Pelvis, Indications for Imaging - Computed Tomography.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis, Computed Tomography.

**Decision rationale:** There is scarce evidence to support the use of computed tomography (CT) for occult hip fracture evaluation. The few studies available are small and statistically insignificant. A more extensive review beyond isolated findings and case reports is needed to ascertain the specific role of CT in hip evaluation. Indications for CT scan include sacral insufficiency fractures, suspected austerely austere oh my, subchondral fractures, failure of close reduction. After review of the medical documentation provided there are no associated diagnoses that correlate with indications for imaging utilizing a CT scan. Therefore this request is deemed not medically necessary.