

Case Number:	CM14-0088532		
Date Assigned:	07/23/2014	Date of Injury:	06/17/2009
Decision Date:	08/27/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/12/2014

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 Occupational Medicine 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:

Injured is a male with date of injury 6/17/2009. Per primary treating physician's progress report dated 4/28/2014 the injured worker reports that the right knee has been having increased pain because of his back being flared up. He states that he is having a flare up into his back radiating down into bilateral legs. On examination he is neurovascularly intact with no deep vein thrombosis. There are signs or symptoms of infection. There is tenderness to L5-S1 paraspinal muscles, and 60% o range of motion. There are no B/B changes, good dorsiflexor strength. There is good heel-toe walk. Left knee lacks 2-90 degrees flexion and right knee lacks 2-125 degrees flexion. Diagnoses include 1) T-L-S MFS with bilateral sciatica, right worse than left 2) CA T-L spine 3) right knee sprain with PCSS internal derangement 4) osteoarthritis of right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Pelvis: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip chapter, MRI (Magnetic Resonance Imaging) section.

Decision rationale: Per the requesting physician, the request for MRI of the pelvis is to rule out avascular necrosis. The claims administrator reports that request for MRI of the pelvis was denied on 9/20/2013 and on 11/15/2013 due to lack of x-rays of the pelvis or any history or physical exam of the pelvis. The exam at this request also does not document an exam or x-rays of the pelvis. The MTUS Guidelines do not address the use of MRI for the evaluation of avascular necrosis of the hip. The ODG recommend the use of MRI for finding avascular necrosis of the hip and osteonecrosis. A plain film x-ray is not necessary if the physician suspects the possibility of avascular necrosis because it is not very sensitive, especially for early cases. The request for MRI of the pelvis is determined to be medically necessary.