

Case Number:	CM14-0188717		
Date Assigned:	11/19/2014	Date of Injury:	11/15/2012
Decision Date:	01/07/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/12/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 57-year old female with date of injury 11/15/2012. The mechanism of injury is stated as a fall. The patient has complained of low back pain and right hip pain since the date of injury. She has been treated with steroid injection, physical therapy and medications. There are no radiographic reports included for review. Objective: tenderness to palpation of the paraspinous lumbar musculature bilaterally, tenderness to palpation of the right hip, decreased and painful range of motion of the right hip, decreased strength in the right lower extremity. Diagnoses: sprain right hip, traumatic arthritis, myofascial pain. Treatment plan and request: MRI right hip, orthotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right hip: 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)

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, MR arthrogram.

Decision rationale: Per the ODG guidelines cited above, MR arthrogram of the hip is supported when there is suspicion or concern for underlying labral pathology. The included medical documentation states that an MRI of the right hip was performed in 03/2013. There is inadequate objective documentation of change in symptomatology and physical examination findings to support repeat MRI of the right hip. On the basis of the available medical documentation, MRI of the right hip is not indicated as medically necessary.

Orthotics: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Foot and ankle complaints Page(s): 371.

Decision rationale: Per the MTUS guidelines cited above, orthotics (full-shoe-length inserts made to realign within the foot and from foot to leg) may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia and may be used for these conditions. There is no documentation in the available medical records that supports the diagnosis of either of these conditions. On the basis of the MTUS guidelines and available medical records, orthotics are not indicated as medically necessary.