

Case Number:	CM14-0191911		
Date Assigned:	11/25/2014	Date of Injury:	04/21/1994
Decision Date:	01/12/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/17/2014

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 Family Practice 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:

71 year old female claimant sustained a work injury on 4/21/94. A progress note on 10/1/14 indicated the claimant had fallen a few days prior and injured her left knee. She was using a walker to ambulate and she had bruising in the feet. There was limited range of motion of the left knee and there was also pain in the right knee with a positive patellar inhibition test. She also had chronic lumbosacral pain and pelvic pain. A request was made for an x-ray of the left hip, pelvis and knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of 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), Hip and Pelvis (Acute and Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip injury and x-ray

Decision rationale: According to the guidelines, x-ray of the hip is recommended in the event of an acute injury or in those who have high risk of developing osteoarthritis. In this case, the injury

was to the knee. The hip and back had chronic pain. There was no indication to perform an x-ray of the hip and it is not medically necessary.

X-ray of left 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), Hip and Pelvis (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip Pain and x-ray

Decision rationale: According to the guidelines, x-ray of the pelvis is recommended in the event of an acute injury or in those who have high risk of developing osteoarthritis. It may be performed if there are red flag findings of tumor, infection or trauma. In this case, the injury was to the knee. The hip and back had chronic pain. There was no indication to perform an x-ray of the pelvis and it is not medically necessary.