

<b>Case Number:</b>	CM14-0197178		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	05/03/2007
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Emergency 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:

The injured worker is a 45 year-old female, who sustained an injury on May 3, 2007. The mechanism of injury occurred when she fell down on cement stairs. Treatments have included: medications, physical therapy. The current diagnosis is bilateral patellofemoral syndrome. The stated purpose of the request for MRI of the right and left hips was not noted. The request for MRI of the right and left hips was denied on November 6, 2014, citing a lack of documentation of mechanism of injury to the hips, plain radiographs or positive hip exam findings, conservative treatment. The stated purpose of the request for Follow up visit with Orthopedic Surgeon was not noted. The request for Follow up visit with Orthopedic Surgeon was denied on November 6, 2014, citing a lack of documentation of medical necessity. Per the report dated October 14, 2014, the treating physician noted complaints of right hip pain. Exam findings included full hip range of motion without pain or tenderness, negative Faber and Trandelenburg testing.

### 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 & Pelvis (Acute & Chronic), MRI (magnetic resonance imaging)

**Decision rationale:** The requested MRI of the right and left hips is not medically necessary. CA MTUS is silent on this issue. Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic), MRI (magnetic resonance imaging) recommend this imaging study for "-Osseous, articular or soft-tissue abnormalities-Osteonecrosis-Occult acute and stress fracture-Acute and chronic soft-tissue injuries-Tumors". The injured worker has right hip pain. The treating physician has documented full hip range of motion without pain or tenderness, negative Faber and Trandelenburg testing. The treating physician has not documented sufficient positive exam evidence of hip pathology, conservative treatment focused on the hips or radiograph findings for the hips. The criteria noted above not having been met, MRI of the right and left hips is not medically necessary.

**MRI of the 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)

**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 (Acute & Chronic), MRI (magnetic resonance imaging)

**Decision rationale:** The requested MRI of the right and left hips is not medically necessary. CA MTUS is silent on this issue. Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic), MRI (magnetic resonance imaging) recommend this imaging study for "-Osseous, articular or soft-tissue abnormalities-Osteonecrosis-Occult acute and stress fracture-Acute and chronic soft-tissue injuries-Tumors". The injured worker has right hip pain. The treating physician has documented full hip range of motion without pain or tenderness, negative Faber and Trandelenburg testing. The treating physician has not documented sufficient positive exam evidence of hip pathology, conservative treatment focused on the hips or radiograph findings for the hips. The criteria noted above not having been met, MRI of the right and left hips is not medically necessary.

**Follow up visit with Orthopedic Surgeon:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1.

**Decision rationale:** The requested follow up visit with Orthopedic Surgeon, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Assessing red flags and indications for

immediate referral, recommend specialist consultation with "physical exam evidence of severe neurologic compromised that correlates with the medical history and test results"; and California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker has right hip pain. The treating physician has documented full hip range of motion without pain or tenderness, negative Faber and Trandelenburg testing. The treating physician has not documented sufficient positive exam evidence of hip pathology, conservative treatment focused on the hips or radiograph findings for the hips. The criteria noted above not having been met. Follow up visit with Orthopedic Surgeon is not medically necessary.