

Case Number:	CM14-0199074		
Date Assigned:	12/09/2014	Date of Injury:	06/18/2013
Decision Date:	01/27/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/26/2014

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 worker (IW) is a 38 year old male who sustained an industrial injury on 06/18/13. 11/06/14 office note stated that while IW was stacking insulation blocks a co-worker threw a 25 pound insulation block at him while he was not looking, striking the inside of his left hip. He was terminated from his job and has not worked since 07/24/13. A course of physical therapy was without benefit and he was taking naproxen for pain. Current complaints included constant pain in the left groin, hip, and buttock which was aggravated by movement, as well as by prolonged sitting, standing, walking, or carrying his infant son. Symptoms had worsened over time. He denied previous left hip injuries and past medical history was negative. On exam there was 0 degrees of internal rotation of the left hip, compared to 25 degrees on the right. External rotation was symmetrical. Left hip weakness was noted in all planes. The left leg measured 2 cm longer than the right. Impression was possible left hip subluxation. Provider stated that CT was better than x-ray for determining hip alignment. No previous hip x-rays are documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan 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 & Pelvis (acute & chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Hip & Pelvis Chapter, Imaging; CT (computed tomography); X-ray; MRI (magnetic resonance imaging) Other Medical Treatment Guideline or Medical Evidence: American College of Radiology. ACR Appropriateness Criteria®. Clinical Condition: Chronic Hip Pain. Date of origin: 1998. Last review date: 2011.

Decision rationale: American College of Radiology ACR Appropriateness Criteria recommends plain x-rays as the initial imaging study for evaluation of chronic hip pain (rating 9, "usually appropriate"--compared to 1, "usually not appropriate" for CT or CT arthrography). ODG states: "MRI is both highly sensitive and specific for the detection of many abnormalities involving the hip or surrounding soft tissues and should in general be the first imaging technique employed following plain films." Due to lack of previous hip x-rays or MRI, medical necessity is not established for the requested hip CT scan.