

Case Number:	CM14-0199951		
Date Assigned:	12/10/2014	Date of Injury:	12/01/2012
Decision Date:	02/04/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/01/2014

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:

Patient is a 40 year-old male with date of injury 12/01/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/29/2014, lists subjective complaints as pain in the left hip and thigh. Patient is status post pelvic fracture open reduction and internal fixation. He is also status post stump revision surgery on 12/27/2013. Objective findings: Examination of the left hip and thigh revealed mild tenderness to palpation along the superior and medial aspects of the patient's stump. Strength over the hip flexors was 5/5. There was no numbness along the proximal stump. Diagnosis: 1. Crush injury to pelvis, abdomen, and left leg left pelvic fracture status post open reduction and internal fixation 3. Abdomen injuries status post-surgery 4. Left leg phantom pain versus radicular pain 5. History of drug addiction 6. Adjustment disorder 7. Status post abdominal surgery 8. Status post stump revision surgery 9. Low back pain, left L5-S1 10. Diabetes mellitus Type II. There was no mention of any previous MRIs of the left hip in the medical records supplied for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast to the left hip: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Hip and Pelvis, MRI- indications for imaging

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 Official Disability Guidelines state that MRI is both highly sensitive and specific for the detection of many abnormalities involving the hip or surrounding soft tissues and is recommended as the first imaging technique employed following plain films. MRI shows superior sensitivity in detecting hip and pelvic fractures over plain film radiography. The ODG establish the following indications for MRI imaging: Osseous, articular or soft-tissue abnormalities; Osteonecrosis; Occult acute and stress fracture; Acute and chronic soft-tissue injuries; and Tumors. The medical record fails to document any of the above criteria. Therefore, this request is not medically necessary.