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| Case Number: | CM14-0201906 | | |
| Date Assigned: | 12/12/2014 | Date of Injury: | 10/01/1996 |
| Decision Date: | 01/30/2015 | UR Denial Date: | 11/05/2014 |
| Priority: | Standard | Application Received: | 12/02/2014 |

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 New Jersey. 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 54 year-old male who was injured on 10/1/96 by unknown mechanism. He complained of left hip pain worsened by walking and interrupted his sleep. On exam, he decreased range of motion of the left hip, tenderness, and antalgic gait. A 2000 progress note claimed an MRI showed effusion of the left hip. A 2008 MRI of left hip was read as negative. He was diagnosed with effusion of joint in pelvic region and pain in joint in pelvic region. He was determined to be permanent and stationary in 1997, 1998, 1999, and 2000. In this limited chart, the current request is for a left hip MRI which was denied by utilization review on 11/5/14 citing ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Left Hip: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI, Hip/Pelvis

Decision rationale: The request for MRI of the left hip is not medically necessary. Official Disability Guidelines were used as MTUS did not provide specific guidelines. MRI of the left

hip is acceptable when evaluating for osseous, articular, or soft-tissue abnormalities, osteonecrosis, occult acute and stress fracture, acute and chronic soft-tissue injuries, and tumors. It is often used after x-rays when negative or suspicious for occult fracture. The patient has had chronic hip pain since 1996. His most recent MRI in 2008 was negative for any findings. He had developed some worsening left hip pain but had no current x-rays or documented rationale as to what the provider was thinking was the cause of the pain. Conventional modalities of treatment were not used, therefore, the request is considered not medically necessary.