

Case Number:	CM14-0074086		
Date Assigned:	07/16/2014	Date of Injury:	12/28/2006
Decision Date:	04/14/2015	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/21/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 40 year old female, who sustained an industrial injury on 12/28/2006. The mechanism of injury has not been provided. The injured worker was diagnosed as having sprain/strain of unspecified site of hip & thigh and dysplasia with labral pathology and secondary osteoarthritis. Treatment to date has included a total hip arthroplasty performed on 5/04/2013. Per the most recent Primary Treating Physician's Progress Report dated 7/12/2013, the injured worker was status post total hip arthroplasty and was "doing well early post-op." Physical examination revealed incision of the right hip healing uneventfully. The plan of care included continuation of prescriptions, consultation and remains on temporary total disability. Authorization was requested on 4/24/2014 for repeat x-rays of the bilateral hips and pelvis. A progress report dated February 19, 2014 indicates that x-rays identify excellent hardware fixation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat x-rays of bilateral hips and 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-TWC) Hip & Pelvis Procedure Summary last updated 03/25/2014.

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, X-Ray.

Decision rationale: Regarding the request for hip x-ray, California MTUS does not contain criteria for hip radiographs. ODG states the plain film radiographs are valuable for identifying patients with a high risk for development of hip osteoarthritis or in patients sustaining a severe injury. Within the documentation available for review, it appears that recent x-rays have showed good a hardware fixation. No rationale has been provided to repeat those x-rays. In the absence of such documentation, the currently requested hip x-ray is not medically necessary.