

Case Number:	CM15-0005090		
Date Assigned:	01/14/2015	Date of Injury:	01/29/2013
Decision Date:	03/19/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/09/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 female patient, who sustained an industrial injury on 01/29/2013. A primary treating office visit dated 12/11/2014 reported the patient with complaint of lumbar spine pain rated a 5 in intensity, constant and associated with right leg numbness. She is reported to have declined both chiropractic and acupuncture therapy stating that she's found physical therapy very helpful. In addition she has complaint of right hip pain also rated a 5 in intensity. The following diagnoses are applied; strain/sprain hip and lumbar spine strain/sprain. She is deemed temporarily totally disabled for the following 6 weeks. A request was made for additional physical therapy sessions and to obtain another magnetic resonance image of right hip. Prior x-rays of the hip in August 2014 indicated a calcified mass in the pelvic region as well as degenerative changes - and an ultrasound was recommended. On 12/29/2014 Utilization Review non-certified that request, noting the Official Disability Guidelines Hip/Pelvis Acute/Chronic was cited. The injured worker submitted an application for independent medical review of services requested.

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) Hip & Pelvis (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hip pain and MRI

Decision rationale: According to the ODG guidelines, hip MRI criteria is as follows: Indications for imaging -- Magnetic resonance imaging: -Osseous, articular or soft-tissue abnormalities- Osteonecrosis-Occult acute and stress fracture-Acute and chronic soft-tissue injuries-Tumors In this case, the physician had noted that exam findings were consistent from x-rays performed in August. Strains and Sprains of the hip do not require an MRI. There was no indication of a new injury. The previous diagnosis of bursitis can cause chronic pain. An ultrasound report was not seen in the chart as recommended that could potentially require an MRI if there was a raised suspicion. Based on the above, the request for an MRI of the hip is not medically necessary.