Case Number:	CM15-0106940		
Date Assigned:	06/11/2015	**Date of Injury:**	06/07/2013
Decision Date:	07/14/2015	**UR Denial Date:**	05/26/2015
Priority:	Standard	**Application Received:**	06/03/2015

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: Texas, Florida, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 43-year-old male, who sustained an industrial injury on 06/07/2013. He has reported subsequent neck, back, bilateral shoulder, bilateral knee and hip pain and was diagnosed with right shoulder rotator cuff tendonitis, degenerative joint disease of the right knee and bilateral hips and bilateral knee chondromalacia. Treatment to date has included oral pain medication, chiropractic treatment and physical therapy. In a progress note dated 04/29/2015, the injured worker complained of bilateral hip, groin and thigh pain. Objective findings were notable for positive impingement signs on the right, pain with hyperflexion and pain with flexion and internal rotation of the right hip, positive impingement signs of the left hip and decreased range of motion of the hips. The physician noted that an MRI of the right hip on 04/07/2015 showed tearing of the anterior and lateral labrum and partial thickness chondral loss at the acetabular periphery with underlying mild subchondral cystic changes and MRI of the left hip showed tearing of the entire acetabular labrum with marginal osteophyte formation of the lateral acetabular periphery and small para labral cyst along the lateral acetabular periphery. A request for authorization of CT scan with 3D reconstructions of the bilateral hips was submitted to better evaluate the bony structures.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan with 3D reconstructions, bilateral hips: 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 and pelvis chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hips, CT.

Decision rationale: This claimant was injured back in 2013. There was neck, back, shoulder, and other issues. An MRI of the right hip in April showed tearing of the anterior and lateral labrum. There was tearing of the left hip. The CT would help better evaluation of the bony structures. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes in the Hip section: Recommended as indicated below. Computed tomography (CT) reveals more subchondral fractures in osteonecrosis of the femoral head than unenhanced radiography or MR imaging. (Stevens, 2003) CT provides excellent visualization of bone and is used to further evaluate bony masses and suspected fractures not clearly identified on radiographic window evaluation. Instrument scatter-reduction software provides better resolution when metallic artifact is of concern. (Colorado, 2001) (Kalteis, 2006) (Wild, 2002) (Verhaegen, 1999) Indications for imaging, Computed tomography: Sacral insufficiency fractures. Suspected osteoid osteoma. Subchondral fractures. Failure of closed reduction. The claimant does not meet criteria for hip fracture, or other issues as above. Also, advanced imaging had already been accomplished. Also it may be slightly superior for bony issues and occult fracture; it is not clear what CT would add to the MRI that was already done. Moreover, the benefit of 3D reconstruction is not clear in the peer reviewed studies. Ultimately, the role for bilateral CT is not established or medically necessary.