

Case Number:	CM15-0133289		
Date Assigned:	07/21/2015	Date of Injury:	03/01/2013
Decision Date:	08/17/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/09/2015

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: North Carolina

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 61-year-old female who sustained an industrial injury on March 1, 2013. She has reported pain in the hip, leg, ankle, and foot and has been diagnosed with major depression disorder single episode mild, generalized anxiety disorder, insomnia related to generalized anxiety disorder and chronic pain, stress related psychological response affecting headaches, status post orthopedic injury and headaches, and health and economic financial problems. Treatment has included surgery, medications, and medical imaging. She felt helpless, hopeless, lonely, pessimistic, and unmotivated. She feels withdrawn from others and has crying spells. She has gained 30 lbs. She has difficulty remembering things and has difficulty sleeping. She felt tired and fatigued. She reports persistent pain. She noted that her headaches were exacerbated and or triggered when she feels under stress as her mood worsens. She continued to worry about her physical and emotional conditions, her worsening financial circumstances, and her future. The treatment request included MRI of the right hip.

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 ODG, Hip & pelvic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hip imaging.

Decision rationale: The ACOEM and the California MTUS do not specifically address imaging of the hip or lower extremity. The ODG indicates imaging is warranted for osseous, articular or soft tissue abnormalities, osteonecrosis, occult and stress fracture, acute and chronic soft tissue injuries and tumors. In this case, the provided documentation fails to show concern or objective finding consistent with any of the above-mentioned diagnoses. Therefore, criteria for lower extremity imaging has not been met per the ODG and the request are not medically necessary.