MAXIMUS Federal Services

Case Number:	CM15-0134013		
Date Assigned:	07/22/2015	Date of Injury:	08/06/2012
Decision Date:	08/24/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/10/2015

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: New York, Tennessee
Certification(s)/Specialty: Emergency 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 35-year-old male, who sustained an industrial injury on 8/6/2012. The mechanism of injury was a fall. The injured worker was diagnosed as having right hip and thigh sprain with internal joint derangement. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 4/16/2015 with an addendum dated 5/18/2015, the injured worker complains of right hip and left hip pain with left shoulder pain. Physical examination showed decreased hip range of motion. The treating physician is requesting left hip magnetic resonance imaging, electric scooter and car transport system.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI left 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), MRI.

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: MRI (magnetic resonance imaging).

Decision rationale: MRI of the hip is the most accepted form of imaging for finding avascular necrosis of the hip and osteonecrosis. MRI is both highly sensitive and specific for the detection of many abnormalities involving the hip or surrounding soft tissues and should in general be the first imaging technique employed following plain films. Indications for magnetic resonance imaging of the hip are as follows: Osseous, articular or soft-tissue abnormalities. Osteonecrosis occult acute and stress fracture. Acute and chronic soft-tissue injuries, tumors. In this case, the patient has been primarily experiencing right hip pain. He complains of left hip pain that is considered compensatory. There is no documentation of ambulatory dysfunction secondary to left hip pain or impaired function on physical examination. MRI of the left hip is not medically indicated. The request should not be authorized.

Electric scooter and car transport system: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Power mobility devices (PMDs). Decision based on Non-MTUS Citation http://www.aetna.com/cpb/data/CPBA0271.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg, Powered mobility devices, Transportation (to & from appointments).

Decision rationale: Electric scooter is a powered mobility device. Powered mobility devices are not recommended if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care. In this case, the patient is able to ambulate with the use of cane. There is no medical indication for the use of a motorized scooter. Transportation is recommended for medically necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. This reference applies to patients with disabilities preventing them from self-transport who are age 55 or older and need a nursing home level of care. In this case, the patient does not need a nursing home level of care. Transportation back and forth to appointments is not indicated. The request should not be medically necessary.