

Case Number:	CM15-0142273		
Date Assigned:	08/03/2015	Date of Injury:	08/29/2012
Decision Date:	08/31/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/22/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 62 year old female, who sustained an industrial injury on 8-29-2012. Diagnoses include degenerative joint disease of knee, knee internal derangement and hip pain. Treatment to date has included surgical intervention (left knee arthroscopic partial medial and lateral meniscectomy on 1-18-2013) as well as conservative measures including cold application, medication management and rest. Previously prescribed medications include Naproxen, hydrocodone-acetaminophen and LidoPro. Per the Primary Treating Physician's Progress Report dated 6-12-2015, the injured worker reported pain in the left hip and left knee with radiation to the left foot and left leg. At its worst she rates her pain level as 9 out of 10 and her pain is about 7 out of 10 on average in severity. Physical examination revealed the left trochanter was tender to palpation and there was tightness of the left abductor and a positive Patrick's test on the left side. The plan of care included diagnostics and medication management. Authorization was requested for Naprosyn, Hydrocodone-Acetaminophen and magnetic resonance imaging (MRI) of the left hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of left hip: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Pursuant to the Official Disability Guidelines, MRI (magnetic resonance imaging) for the left hip is not medically necessary. MRI is the accepted form of imaging for findings of avascular necrosis of the hip and osteonecrosis. MRI is the modality of choice after plain x-rays in selected patients with occult hip fracture where plain x-rays are negative. Indications for imaging include osseous, articular or soft tissue abnormalities; osteonecrosis; occult acute and stress fractures; acute and chronic soft tissue injuries; and tumors. Exceptions for MRI suspected osteoid osteoma; and labral tears. In this case, the injured worker's working diagnoses are degenerative joint disease knee; internal derangement knee; and hip pain. The date of injury is August 29, 2012. The request for authorization is June 19, 2015. According to a June 12, 2015 progress note, the injured worker has subjective complaints of left hip pain and knee pain with a pain scale 7-9/10. The injured worker complains of left leg weakness. The injured worker underwent a left knee arthroscopy with partial meniscectomy. Objectively, there is a left knee examination, but no-hip physical examination. The documentation indicates left greater trochanter is painful to palpation. There are no other objective findings noted. Left hip x-ray shows slight degenerative changes. Additionally, the injury dates back 34 months. Consequently, absent clinical documentation with objective physical examination findings of the left hip, a clinical rationale for an MRI of the hip meeting guideline recommendations in a 34-month old injury, MRI (magnetic resonance imaging) for the left hip is not medically necessary.