

Case Number:	CM15-0146153		
Date Assigned:	08/07/2015	Date of Injury:	08/01/2009
Decision Date:	09/03/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/28/2015

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

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 64-year-old male, who sustained an industrial injury on 8-1-09. He reported pain in his left hip and knee. The injured worker was diagnosed as having status post left total hip replacement on 11-6-09 and left knee sprain. Treatment to date has included a triple phase bone scan of the pelvis and hips on 3-18-14, a left hip CT on 5-14-14 showing mild sacroiliac joint degenerative changes, acupuncture and physical therapy. As of the PR2 dated 6-1-15, the injured worker reports pain in his left hip, left pelvis and left lower extremity. He rates his pain a 6 out 10 currently, an 8 out of 10 at worst and a 5 out of 10 at best. Objective findings include palpable tenderness at the left medial joint line with crepitus and edema, decreased left knee range of motion and a positive McMurray's test. The treating physician requested a CT scan of the left hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of 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, Hip and Pelvis chapter.

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 (Acute & Chronic), MRI (magnetic resonance imaging), CT Scan.

Decision rationale: The requested CT scan of left hip, is not medically necessary. CA MTUS is silent on this issue. Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic), MRI (magnetic resonance imaging), CT Scan, recommend this imaging study for "Osseous, articular or soft-tissue abnormalities; Osteonecrosis; Occult acute and stress fracture; Acute and chronic soft-tissue injuries; Tumors." The injured worker is status post left total hip replacement on 11-6-09 and has pain in his left hip, left pelvis and left lower extremity. He rates his pain a 6 out of 10 currently, an 8 out of 10 at worst and a 5 out of 10 at best. Objective findings include palpable tenderness at the left medial joint line with crepitus and edema, decreased left knee range of motion and a positive McMurray's test. The treating physician has not documented the presence of symptoms or exam findings indicative of avascular necrosis or any other conditions noted above, nor evidence of an acute clinical change since a previous imaging study of the hip. The criteria noted above not having been met, CT scan of left hip is not medically necessary.