

Case Number:	CM15-0164729		
Date Assigned:	09/02/2015	Date of Injury:	04/11/2014
Decision Date:	10/13/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/21/2015

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, Illinois

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:

This injured worker is a 48 year old male who reported an industrial injury on 4-11-2014. He has been diagnosed of avascular necrosis of left hip, pelvic joint pain. His treatments include: left hip arthroscopy; physical therapy; medication and rest from work. The progress notes of 6-3-2015 reported no significant improvement. No objective findings were noted. The physician's requested treatments were noted to include repeat magnetic resonance imaging studies 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 (Magnetic Resonance Imaging) of the 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), Hip & Pelvis (Acute & Chronic) Procedure Summary Online Version (updated 10/09/14), MRI (Magnetic Resonance Imaging).

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).

Decision rationale: The injured worker sustained a work related injury on 4-11-2014. He has been diagnosed of avascular necrosis of left hip, pelvic joint pain. His treatments include: left hip arthroscopy; physical therapy; medication and rest from work. The medical records provided for review do not indicate a medical necessity for MRI (Magnetic Resonance Imaging) of the left hip. The medical history indicates that an MRI one in 04/2014 revealed avascular necrosis of the left hip; and unremarkable findings in physical examination, except hip tenderness. The MTUS is silent on hip MRI, but the Official Disability Guidelines states that MRI is highly sensitive and specific for hip pathologist. Therefore, in the absence of significant abnormalities in hip examination, a repeat MRI is not medically necessary.