

Case Number:	CM15-0167401		
Date Assigned:	09/08/2015	Date of Injury:	01/26/2011
Decision Date:	10/06/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/25/2015

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 62 year old male who sustained an industrial injury on 01-26-2011. Current diagnoses include arthralgia of the pelvic region and thigh, and right hip pain. Report dated 07-30-2015 noted that the injured worker presented with complaints that included right hip pain. The physician noted that there has been no change since the injured worker was last seen on 05-07-2015. The injured worker stated that the pain is in his right hip and back, and is aggravated by activity such as walking, bending, and squatting. Physical examination was positive for an antalgic gait on the right, range of motion of the hip is limited, positive anterior and posterior impingement sign on the right. Previous diagnostic studies included a MRI from 2011, and x-rays from 01-26-2011 and 06-01-2015. Previous treatments included medications and injections. The treatment plan included a request for a new MRI to assess the state of his right hip, based on the results further treatment will be decided. The utilization review dated 08-14-2015, non-certified the request for an MRI of the right hip based on the following rationale. The utilization reviewer stated, "In this case, the patient was diagnosed with a labral tear in 2011. It is unclear how this was treated in 2011 and what has transpired since. He now presents with hip pain. Medical records presented for review do not demonstrate any first line, conservative treatment to address this clinical concern. Medical necessity of the request is not clear from the documentation provided."

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the right hip to assess the state of the 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 - 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) pelvic/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 of the pelvis 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 pelvic imaging has not been met per the ODG and the request are not medically necessary.