

<b>Case Number:</b>	CM15-0180113		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	03/05/2013
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: 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:

The injured worker is a 26 year old male with a date of injury on 03-05-2013. The injured worker is undergoing treatment for other musculoskeletal symptoms referable to limbs. A physician progress note dated 07-22-2015 documents the injured worker returned and a 19 gauge needle aspiration x 2 was done with no fluid return. Several documents within the submitted medical records are difficult to decipher. A physician note dated 05-27-2015 documents the injured worker has a 30cm horizontally by 12 cm vertically seroma extending from the intragluteal crease on the right side of the lateral thigh and then to the inside of the thigh. He reports the mass itself recurred since his last surgery and is increasing in size and tenderness. Surgery was again recommended. Treatment to date has included diagnostic studies, medications, physical therapy, and 2 surgical procedures for excision of a large seroma, subcutaneous and sub muscular components. His medications include Hydrocodone, Flexeril, Amoxicillin and an inhaler. A pelvis computed tomography done on 02-04-2015 revealed old post traumatic changes to the right hip and buttock. Contusive changes-scarring is visualized within the posterolateral aspect of the right buttock subcutaneous fat. There is also slight fragmentation along the inferior aspect of the right trochanteric consistent with sequela of prior trauma. On 08-14-2015 Utilization Review non-certified the request for MRI (magnetic resonance imaging), Right Thigh/ buttocks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI (magnetic resonance imaging), Right Thigh/ buttocks: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Hip & Pelvis (Acute & Chronic) - MRI (magnetic resonance imaging).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis/Magnetic Resonance Imaging.

**Decision rationale:** Guidelines support MRI imaging if there is evidence of a possible red flag condition or reason to suspect an occult injury/fracture involving the hip or surrounding tissues. This individual meets these criteria. There has been a complicated medical course with obvious residual scaring and possible early bony changes. Guidelines support MRI scanning under these circumstances. The request for the MRI (magnetic resonance imaging), Right Thigh/buttocks is medically necessary.