

Case Number:	CM15-0186595		
Date Assigned:	09/28/2015	Date of Injury:	02/07/2008
Decision Date:	11/03/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/22/2015

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: 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 56 year old male, who sustained an industrial-work injury on 2-7-08. He reported initial complaints of right hip pain. The injured worker was diagnosed as having status post left hip femoroplasty, acetabuloplasty, and labral repair, and calcific capsulitis. Treatment to date has included medication, surgery (femoroplasty, acetabuloplasty, and labral repair, calcific capsulitis on 1-5-15), and trochanteric bursa injection. X-rays were reported on 9-2-15 that demonstrated femoroplasty, interval development of small heterotopic ossifications in the region of left anterior inferior iliac spine, cam femoracetabular impingement of the right hip 13 x 5 mm ossification projects in the region of the subtrochanteric right femur, and lumbar spondylosis. Currently, the injured worker complains of right hip pain and intermittently painful left hip. Per the primary physician's progress report (PR-2) on 9-2-15, exam notes increased distance between knee and the bed with hip flexion, abduction, and external rotation with reproduction of symptoms, and moderate tenderness to palpation at the trochanteric bursa region. Current plan of care includes injection, Celebrex, and work restrictions. The Request for Authorization requested service to include MRI with contrast and X-ray guided injection for left hip. The Utilization Review on 9-17-15 denied the request for MRI with contrast and X-ray guided injection for left hip, per ODG (Official Disability Guidelines) 2013, Hip and Pelvis Chapter.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI with contrast: 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/pelvis, 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 is not medically necessary.

X-ray guided injection for 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 injections.

Decision rationale: The ACOEM and the California MTUS does not address the requested service. The ODG states that the requested service is indicated in the treatment of greater trochanter bursitis. Hip injections otherwise are not generally recommended. The patient does not have this diagnosis or signs on physical exam to suggest this diagnosis. Therefore the request is not medically necessary.