

<b>Case Number:</b>	CM15-0187265		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	04/16/2015
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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: Arizona, California

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 72 year old male who sustained an industrial injury on 4-16-15. The injured worker reported a right hip strain. A review of the medical records indicates that the injured worker is undergoing treatments for lumbar radiculitis and right hip strain and sprain. Medical records dated 9-2-15 indicate pain rated at 4 out of 10. Provider documentation dated 9-2-15 noted the work status as modified work. Treatment has included radiographic studies, magnetic resonance imaging, physical therapy, status post microdiscectomy in September of 2014. Objective findings dated 9-2-15 were notable for decreased lumbar range of motion with positive straight leg testing, right hip with pain upon flexion. The original utilization review (9-16-15) denied a request for MRI of right hip without contrast.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of right hip without contrast:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip guidelines and pg.

**Decision rationale:** According to the guidelines, indications for imaging are: Osseous, articular or soft-tissue abnormalities; Osteonecrosis; Occult acute and stress fracture; Acute and chronic soft-tissue injuries; Tumors. Exceptions for MRI: Suspected osteoid osteoma (See CT); Labral tears (use MR arthrography). In this case the claimant had a normal MRI of the right hip in April 2015. There were no findings on recent exam to suggest new injury or red flags. The request for another hp MRI is not medically necessary.