

Case Number:	CM15-0200234		
Date Assigned:	10/15/2015	Date of Injury:	04/19/2015
Decision Date:	12/03/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/13/2015

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, New York, 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 applicant is a represented 52-year-old who has filed a claim for chronic low back and hip pain reportedly associated with an industrial injury of April 19, 2015. In a Utilization Review report dated September 17, 2015, the claims administrator failed to approve a request for hip MRI imaging. The claims administrator referenced an August 26, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said August 26, 2015 office visit, the applicant reported ongoing complaints of low back and hip pain. Slightly limited left hip range of motion was noted. The applicant exhibited a non-antalgic gait. The applicant was given diagnosis of hip strain. Six sessions of manipulative therapy, MRI imaging of the hip, x-rays of the hip and pelvis and other soft tissue modalities were endorsed while the applicant was placed off of work, on total temporary disability. It was not stated how (or if) the proposed hip MRI would influence or alter the treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 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) Chapter: MRI (magnetic resonance imaging).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Hip and Groin Disorders, page, 43.

Decision rationale: No, the request for MRI imaging of the hip was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines Hip and Groin Disorders Chapter, MRI imaging is not recommended in the routine evaluation of chronic hip joint pathology, including suspected degenerative joint disease. Here, the attending provider's August 26, 2015 office visit did not clearly state what was sought. The attending provider did not state what was suspected. It was not stated how (or if) the proposed hip MRI would influence or alter the treatment plan. The fact that plain film x-rays of the hip and MRI imaging of the hip were concurrently ordered strongly suggested that said studies had in fact been ordered for routine evaluation purposes, without any clearly-formed intention of acting on the result of the same. Therefore, the request was not medically necessary.