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| Case Number: | CM15-0203292 | | |
| Date Assigned: | 10/20/2015 | Date of Injury: | 06/01/2009 |
| Decision Date: | 12/07/2015 | UR Denial Date: | 10/07/2015 |
| Priority: | Standard | Application Received: | 10/15/2015 |

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 [REDACTED] employee who has filed a claim for low back pain (LBP) reportedly associated with an industrial injury of June 1, 2009. In a Utilization Review report dated October 7, 2015, the claims administrator failed to approve a request for MRI imaging of the hip. The claims administrator referenced a September 16, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 16, 2015, the applicant reported ongoing complaints of low back and bilateral hip pain. The applicant also reported issues with right lower extremity paresthesias. The applicant was on tramadol and Cialis, it was reported. The applicant had undergone a right total hip replacement and had issues with left hip degenerative joint disease, the treating provider reported. MRI imaging of the right hip was sought. The requesting provider, a physiatrist, stated that the applicant would also consult an orthopedist. It was not stated how the proposed hip MRI would influence or alter the treatment plan. The requesting provider was a physiatrist. The requesting provider did not clearly state what was suspected insofar the previously operated upon right hip was concerned.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right hip for the approved orthopedic consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Hip and Pelvis (Acute and Chronic) (updated 12/09/13) MRI (Magnetic Resonance Imaging) (updated 09/24/15).

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, pg. 43.

Decision rationale: No, the request for MRI imaging of the right hip was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic, however, the Third Edition ACOEM Guidelines Hip and Groin Disorders Chapter notes that MRI imaging is not recommended in routine evaluation of the chronic hip joint pathology, including that associated with degenerative joint disease (DJD) as was seemingly present here on or around the date in question. The applicant had undergone an earlier right hip total hip arthroplasty procedure, the treating provider reported on the September 16, 2015 office visit at issue. It was not clearly stated why MRI imaging was sought in the face of the applicant's already having indwelling metallic hardware about the effected right hip. The attending provider failed to furnish a differential diagnosis list. The fact that the requesting provider was a physiatrist (as opposed to a hip surgeon) significantly reduced the likelihood that the applicant was acting on the results of the study in question and/or go on to consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.