

Case Number:	CM15-0204573		
Date Assigned:	10/21/2015	Date of Injury:	02/14/2013
Decision Date:	12/02/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/19/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 61-year-old female who sustained an industrial injury on 2-14-2013 and has been treated for right hip fracture for which she had repair 4-1-2013. She is also being treated for post cervical fusion surgery, low back pain, and right groin pain. Diagnostic MRI from 2013 referenced right hip internal derangement. Recent X-ray of the right hip dated 7-31-2015 showed no fracture and hardware in place. On 9-29-2015 the injured worker reported low back and "significant" right groin pain. Previous note 6-23-2015 rated pain as 7 -8 out of 10 and aggravated with prolonged standing, walking, and bending. Objective examination on 9-29-2015 revealed positive bilateral straight leg raise, paresthesias, and dyesthesia in the buttock, thigh, calf, and down to her feet. Documented treatment includes Gabapentin, Norco, Flexeril, and Lorazepam. She walks with a walker. The medical records state she is considering total right hip replacement. The treating physician's plan of care includes metal artifact reduction sequence MRI without contrast of the right hip, and computerized tomography scan of the right hip which was denied on 9-30-2015. Current work status is temporary total disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

MARS (metal artifact reduction sequence) MRI (magnetic resonance imaging) without contrast of the right hip using: 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 Chapter - MRI (magnetic resonance imaging).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up to date: Radiologic evaluation of the painful hip in adults.

Decision rationale: Imaging studies such as MRI can be useful to identify and define hip pathology. However, MRI has been completed in the past and there are no red flags on physical exam and in absence of physical exam evidence of red flags, a MARS (metal artifact reduction sequence) MRI (magnetic resonance imaging) without contrast of the right hip of the right hip is not medically indicated. The medical necessity of a hip MRI is not substantiated in the records.

CT (computed tomography) scan of the right 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, Hip & Pelvis Chapter - CT (computed tomography).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up to date: Radiologic evaluation of the painful hip in adults.

Decision rationale: Imaging studies such as CT can be useful to identify and define hip pathology. However, MRI has been completed in the past and there are no red flags on physical exam and in absence of physical exam evidence of red flags, a CT scan of the right hip is not medically indicated. The medical necessity of a hip CT scan is not substantiated in the records.