

Case Number:	CM15-0208113		
Date Assigned:	10/27/2015	Date of Injury:	06/29/2009
Decision Date:	12/11/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/22/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 45 year old male who sustained an industrial injury on June 29, 2009. The worker is being treated for: left knee internal derangement, status post two arthroscopic procedure to left knee, and chronic left knee and hip pain. Subjective: July 17, 2015 he reported "he needs stronger medication" because he is having a lot of pain. He states having "grinding of knee." August 14, 2015 he reported "left leg feeling like it is asleep and it's aching." He complained of left knee, ankle discomfort described as "sharp, aching, tingling, numb, shooting, and moderate." He can't sleep at night due to the pain. September 16, 2015 he reported a pain level rating of "4" out of 10 in intensity and "has been acting up." He also complained of left leg pain and it is "also acting up." He is also noted experiencing insomnia without medications. Objective: July 17, 2015, August 14, 2015 noted "spinal restrictions, subluxations, left knee." Moderate muscle spasms to: left posterior knee, left calf and ankle, left plantar foot, left anterior knee, left shin, left ankle and dorsal left foot. September 16, 2015 noted "notable asymmetry when examining the musculature of the left leg." The calf musculature is slightly deformed as well as the anterior tibial musculature. With full weight bearing on the hip he notes "increase in discomfort." Medications: July 17, 2015: prescribed Lyrica. August 14, 2015, September 16, 2015: Lyrica, and Lunesta. Diagnostics: UDS. Treatments: activity modifications, medications, two arthroscopic surgeries, left knee, request for MRI left hip, left knee evaluating increased pain and decreased function. On September 24, 2015 a request was made for MRI of left hip that was noncertified by Utilization review on October 01, 2015.

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, Hip and Pelvis, MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Taljanovic MS, et al. Chronic hip pain. American College of Radiology Appropriateness Criteria, 2011.
<http://www.acr.org/~media/ACR/Documents/AppCriteria/Diagnostic/ChronicHipPain.pdf>, Accessed 10/03/2015. Jude CM, et al. Radiologic evaluation of the painful hip in adults. Topic 1816, version 17.0. UpToDate, accessed 10/03/2015. Anderson BC, et al. Evaluation of the adult with hip pain. Topic 252, version 10.0. UpToDate, accessed 10/03/2015.

Decision rationale: The MTUS Guidelines are silent as to the issue of using repeat MRI to assess ongoing hip pain. The American College of Radiology (ACR) Guidelines and literature support the use of MRI to look more closely at the hip when a soft tissue problem or a broken bone at the hip is suspected and x-rays are nondiagnostic. A study with and without injected dye is helpful if a bone infection is suspected. The submitted and reviewed documentation indicated that the worker was experiencing increased pain in the hip and left leg with swelling and problems sleeping. There was no mention of recent x-rays. There was no discussion suggesting how this study would be helpful or change the worker's care or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a repeated right hip MRI is not medically necessary.