MAXIMUS Federal Services

Case Number:	CM15-0209598		
Date Assigned:	10/28/2015	Date of Injury:	04/19/2015
Decision Date:	12/10/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/24/2015

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 52 year old female, who sustained an industrial injury on 4-19-15. The injured worker was diagnosed as having lumbar radiculopathy, lumbar disc protrusion at L4-S1, and left hip strain. Treatment to date has included physical therapy and medication including Lidocaine patches, Naproxen, and Cyclobenzaprine. Physical examination findings on 9-10-15 included no tenderness to palpation of the left hip. No pain with resisted straight leg raising or axial compression. Slight limitation of motion as compared to the right side was noted. On 6-22-15 left hip pain was noted to be mild and symptoms were exacerbation by walking and climbing stairs. A MRI of the left hip obtained on 9-4-15 was noted to have revealed gynecologic abnormalities without significant hip pathology. On 9-10-15, the injured worker complained of lumbar spine pain. On 9-10-15 the treating physician requested authorization for a computed tomography scan of the left hip. On 10-6-15 the request was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan 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 ACOEM 2013, Hip pain.

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

Decision rationale: According to the guidelines, indications for a CT is a follows: Sacral insufficiency fractures-Suspected osteoid osteoma-Subchondral fractures-Failure of closed reduction. In this case, the physical exam on 8/26/15 did not indicate any significant abnormalities of the left hip. The hip injury was at that point several months old. Although there were abnormalities on the MRI unrelated to the injury, the basis of the MRI at the time of the request was not justified. Therefore, the requested treatment is not medically necessary.