

<b>Case Number:</b>	CM15-0020718		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	06/05/2013
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 50 year old female, who sustained an industrial injury on 6/5/13. The injured worker has complaints of ankle pain that is throbbing, burning and swelling comes and goes and numbness of the ankle and foot. The diagnoses have included nontraum tendon rupture. The injured worker had a partial resection of right peroneal tendon tear and tenosynovectomy of the right peroneal tendon on 9/3/14. According to the utilization review performed on 1/6/15, the requested MRI of the left hip has been non-certified. The utilization review noted that the reason given for request was not documented in the clinical records submitted with the request. Official Disability Guidelines Hip and Pelvis was used in the utilization review.

### 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 (updated 10/09/2014), MRI (Magnetic Resonance Imaging), Indication for Imaging

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideslines, Hip & Pelvis Chapter, MRI (Magnetic Resonance Imaging)

**Decision rationale:** The Official Disability guideline recommends magnetic resonance imaging for the evaluation of the following diagnosis of the hip, osseous, articular or soft-tissue abnormalities, osteonecrosis, occult acute and stress fracture, acute and chronic soft-tissue injuries, and tumors. On 12/18/2014, the patient complained of left hip pain, and was found to have left hip strain based on exam and x-ray findings. Within the submitted documentation, the ordering provider does not provide the specific reasoning for further imaging. As such, the currently requested MRI of the left hip is not medically necessary.