

Case Number:	CM15-0022106		
Date Assigned:	02/11/2015	Date of Injury:	06/05/2013
Decision Date:	04/06/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/05/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 reported an injury on 06/05/2013. The mechanism of injury reportedly occurred from twisting the right ankle. Medications included Norco and Relafen. No pertinent surgeries to the hip or pelvis were documented. Other therapies are noted to include 56 sessions of physical therapy to the right ankle and foot. On 11/19/2014, the injured worker was seen for foot pain. The injured worker states the pain is worse with more pain and swelling. She cannot move the 4th and 5th toe on the right. The injured worker is concerned about her work restriction as she feels she is pressured to do more than restrictions. She is currently on modified duty. The pain is an 8/10 on the right foot. She had symptoms for 522 days. The frequency is constant. She states the pain level for the right ankle is 8/10. Upon examination for the left ankle, there is no point tenderness. Exam of the lower left extremity was normal. The range of motion of the left ankle is unrestricted. Muscle strength is 5/5. There was tenderness of the right ankle laterally. There is restricted range of motion. There was weakness in the right ankle. Muscle strength was 3/5 dorsiflexor and plantarflexion. Examination of the left foot was normal. The request is for x-ray of the left hip and x-ray of the pelvis. The Request for Authorization was not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray 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 and Pelvis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis, X-ray.

Decision rationale: The request for X-ray of the left hip is not supported. The injured worker has a history of hip pain. The Official Disability Guidelines state x-rays are recommended. X-rays of the pelvis should be obtained if the patient sustained a severe injury. X-rays are also valuable for identifying patients with high risk of development of hip osteoarthritis. The progress note indicated the injured worker complained of left hip pain with decreased range of motion, tenderness, and abnormal neurologic findings unspecified and had a diagnosis of left hip strain. There is a lack of documentation of the injured worker having a severe injury involving the left hip. The request is not supported. As such, the request for X-ray of the left hip is not medically necessary.

X-ray of the pelvis: 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 and Pelvis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis, X-ray.

Decision rationale: The request for X-ray of the pelvis is not supported. The injured worker has a history of left hip pain. The Official Disability Guidelines state that x-rays are recommended. X-rays of the pelvis should be obtained if the patient sustained a severe injury. X-rays are also valuable for identifying patients with a high risk of development of hip osteoarthritis. The progress note showed the injured worker had left hip pain with decreased range of motion, tenderness, and abnormal neurologic findings unspecified and a diagnosis of left hip strain. There is a lack of documentation of the injured worker having signs and symptoms of osteoarthritis. The request is not supported. As such, the request for X-ray of the pelvis is not medically necessary.