

Case Number:	CM15-0029150		
Date Assigned:	02/23/2015	Date of Injury:	02/26/1999
Decision Date:	04/03/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/17/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic hip and leg pain reportedly associated with an industrial injury of February 26, 1999. In a Utilization Review Report dated February 11, 2015, the claims administrator failed to approve a request for MRI imaging of the hip. A January 20, 2015 progress note was referenced in the determination. The claims administrator contended that the applicant's hip symptoms were explained by the applicant's previous imaging study, the results of which were not clearly reported. The claims administrator did note, however, that the applicant had significant gait derangement and was using a walker of some kind to move about as of January 28, 2015. The applicant's attorney subsequently appealed. On February 20, 2015, the applicant reported ongoing complaints of knee and hip pain. The applicant apparently had a pending neurovascular surgeon consultation. The applicant was apparently considering some kind of surgical intervention. The applicant was on buprenorphine, Ambien, Pamelor, Lasix, Symbicort, Dilantin, Lipitor, a diclofenac containing compound, a ketamine containing compound, a doxepin containing compound, and Prilosec. The applicant exhibited a severely antalgic gait requiring usage of a walker. It was suggested that the applicant was status post a total knee arthroplasty. Ongoing complaints of left knee pain were evident. The applicant was in the process of consulting a surgeon for hip pain secondary to hip arthritis. Massage therapy was endorsed. In an appeal letter dated February 27, 2015, the attending provider stated that the applicant had ongoing complaints of hip and knee pain and was still using a walker. It was stated that MRI imaging of the hip was needed prior to referring the applicant to an orthopedic knee surgeon.

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 without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition, Chapter: Hip & Pelvis (Acute & Chronic), MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3 Hip and Groin Diagnostic Testing Recommendation: MRI for Routine Evaluation of Acute, Subacute, Chronic Hip Joint Pathology MRI is not recommended for routine evaluation of acute, subacute, or chronic hip joint pathology, including degenerative joint disease. Strength of Evidence, Not Recommended, Insufficient Evidence (I) X-Rays. X-rays are the most basic of the anatomical tests, show bony structure and, after many decades of use, are the initial test for evaluating most cases of hip pain.

Decision rationale: No, the proposed hip MRI was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines Hip and Groin Chapter, MRI imaging is not recommended in the routine evaluation of acute, sub acute, or chronic hip joint pathology, including degenerative joint disease. Here, the attending provider acknowledged in his September 23, 2014 progress note that the applicant's primary pain generator insofar as the hip was concerned was, in fact, hip degenerative joint disease (AKA) hip arthritis, an issue for which routine MRI imaging is not indicated per ACOEM, which, it is incidentally noted, notes that plain film x-rays represent the initial tests for evaluating most cases of hip pain. Here, the attending provider did not state why plain film x-rays could not be employed to assess the severity of the applicant's already-established diagnosis of hip arthritis. Therefore, the request was not medically necessary.