

Case Number:	CM15-0212362		
Date Assigned:	11/02/2015	Date of Injury:	08/14/2015
Decision Date:	12/21/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	10/28/2015

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: Florida

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 50 year old male, who sustained an industrial injury on 8-14-2015. Medical records indicate the worker is undergoing treatment for hip pain. A recent progress report dated 10-5-2015, reported the injured worker complained of right hip pain. Physical examination revealed right hip pain with range of motion. Pelvis and hip x rays showed no fracture or dislocation and symmetric hip joint spaces. Treatment to date has included injections, physical therapy with benefit, Ibuprofen and Tramadol. The physician is requesting right hip magnetic resonance imaging and orthopedic consultation. On 10-19-2015, the Utilization Review noncertified the request for right hip magnetic resonance imaging and orthopedic consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for right 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 Pelvic Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 2015 Online edition, MRI Hip.

Decision rationale: The ODG lists the following as indications for Hip MRI's: Indications for imaging; Magnetic resonance imaging: Osseous, articular or soft-tissue abnormalities, Osteonecrosis, Occult acute and stress fracture, Acute and chronic soft-tissue injuries and Tumors. The documentation provided does not indicate that this patient is suspected of having any of these conditions based off of the provided medical records. Likewise, this request is not medically necessary without further documentation being provided.

Orthopedic consultation: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Assessment.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Low Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: The California MTUS guidelines state, referral is indicated in cases where the health care provider has a lack of training in managing the specific entity, is uncertain about the diagnosis or treatment plan, or red flags are present. If significant symptoms causing self-limitations or restrictions persist beyond 4-6 weeks, referral for specialty evaluation (e.g., occupational medicine, physical medicine and rehabilitation, or orthopedic surgery) may be indicated to assist in the confirmation of the provisional diagnosis and to define further clinical management. In this patient's case, he sustained a work related injury in 8/2015 to his right hip. He has had negative plain films completed. He has been being treated with medications, injections, and physical therapy, and yet his pain is ongoing. This request was made in 10/2015, as symptoms are still ongoing. Referral to an orthopedic specialist is medically necessary and appropriate.