

Case Number:	CM15-0212376		
Date Assigned:	11/02/2015	Date of Injury:	02/19/2015
Decision Date:	12/18/2015	UR Denial Date:	10/06/2015
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 44 year old male, who sustained an industrial injury on 2-19-2015. Medical records indicate the worker is undergoing treatment for right hip injury and right trochanteric bursitis. A recent progress report dated 9-1-2015, reported the injured worker complained of anterior superior iliac spine pain radiating down the thigh and difficulty urinating. Physical examination revealed inability to void completely. Right hip magnetic resonance imaging showed acute bone marrow contusion and right pubic micro-fracture that extends to the anterior inferior right acetabulum. Treatment to date has included physical therapy and medication management. The physician is requesting right hip magnetic resonance imaging. On 10-6-2015, the Utilization Review noncertified the request for right hip magnetic resonance imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging), 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: Hip & Pelvis - Indications for imaging, MRI (magnetic resonance imaging).

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

Decision rationale: This request is for a repeat MRI of the right hip. The patient sustained an injury in 2/2015. In 3/2015 she underwent a right hip MRI, which showed bone marrow contusion and microfracture of the right pelvic bone extending into the right inferior acetabulum, representing a non-displaced fracture. The patient has underwent physical therapy as part of her treatment. No recent physical exam findings have been submitted. The rationale for the repeat MRI appears to be that the patient's pain has improved, but is still present, and the physician would like to examine for other potentially missed injuries that were not evident on plain films - per the documentation. These July and August office notes however do not include physical exams. Likewise, this request is not considered medically necessary.