

Case Number:	CM15-0215427		
Date Assigned:	11/05/2015	Date of Injury:	09/20/2014
Decision Date:	12/24/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/02/2015

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] beneficiary who has filed a claim for chronic hip pain reportedly associated with an industrial injury of September 20, 2014. In a Utilization Review report dated October 26, 2015, the claims administrator failed to approve a request for MRI imaging of the hip. The claims administrator referenced an October 6, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On a handwritten note dated October 6, 2015, the applicant reported ongoing issues with chronic low back, hip, and knee pain. Authorization for a hip replacement and knee replacement were apparently sought. The note was very difficult to follow and not altogether legible. A clear rationale for the hip MRI was not seemingly furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the 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, Online Version, MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Hip and Groin Disorders, pg. 43.

Decision rationale: No, the request for MRI imaging of the hip was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Hip and Groin Disorders chapter notes that MRI imaging is not recommended in the routine evaluation of applicants with chronic hip joint pathology, including degenerative joint disease. Here, a handwritten progress note of October 6, 2015 stated that the applicant had advanced hip arthritis and was reportedly a candidate for a total hip arthroplasty procedure. The fact that the applicant already carried an advanced diagnosis of hip arthritis seemingly obviated the need for the hip MRI imaging at issue. It was not clearly stated why hip MRI imaging was sought in the face of the unfavorable ACOEM position on the same for the diagnosis in question, hip arthritis. Therefore, the request was not medically necessary.