

Case Number:	CM15-0037769		
Date Assigned:	03/06/2015	Date of Injury:	11/03/2014
Decision Date:	04/14/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/27/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 28 year old male who sustained an industrial injury on 11/03/2014. The mechanism of injury is described as being hit by a golf cart experiencing low back pain and left hip pain. Initial diagnosis was rule out left labral tear and lumbosacral strain. MRI of left hip and physical therapy was requested. On 01/16/2015 the injured worker presented for follow up for hip pain. He rated the pain as 5/10. Physical exam noted positive lumbar tenderness with muscle spasms. Lumbar spine range of motion was decreased. There was tenderness and pain over the left hip. Treatment to date was a home exercise program. The request for physical therapy and MRI had not been authorized. Diagnoses were rule out left hip labral tear and lumbosacral strain. Treatment plan included MRI of left hip, physical therapy and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 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 & Pelvis Chapter MRI (magnetic resonance imaging).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and pelvis section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, magnetic resonance imaging for the left hip is not medically necessary. MRI is the accepted form of imaging for findings of avascular necrosis of the hip and osteonecrosis. MRI is the modality of choice after plain x-rays in selected patients with occult hip fracture where plain x-rays are negative. Indications for imaging include osseous, articular or soft tissue abnormalities; osteonecrosis; occult acute and stress fractures; acute and chronic soft tissue injuries; and tumors. Exceptions for MRI suspected osteoid osteoma; and labral tears. In this case, the injured worker's working diagnoses or rule out left labral tear; and lumbosacral strain. Subjectively the injured worker documented, on the date of injury November 3, 2014, low back pain, left hip pain. Objectively, the documentation stated left hip pain with range of motion, lumbosacral tenderness. There is no physical examination of the hip on the documentation. There are no plain radiographs of the affected hip. The treating physician ordered an MRI of the hip on the first date of presentation. Physical examination on a January 16, 2015 progress note shows straight leg raising was negative bilaterally, there is normal gait, heel-toe wall bilaterally normal, there is positive lumbar tenderness, range of motion in the lumbar spine was decreased and there is tenderness palpation over the left hip and pain with range of motion. There are no objective findings of range of motion in and about the hip. There are no physical findings to support a magnetic resonance imaging scan in the absence of a complete and thorough examination of the hip. There are no plain radiographs of the affected hip. Consequently, absent clinical documentation with a thorough physical examination of the hip in conjunction with plain x-rays of the hip, MRI evaluation of the left hip is not medically necessary.