

Case Number:	CM15-0040013		
Date Assigned:	03/10/2015	Date of Injury:	03/15/2010
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/03/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 75-year-old female, who sustained a work related injury on 3/15/10. She had a spontaneous pubic ramus fracture on the right with no trauma. The diagnoses have included osteoarthritis, osteoporosis, chronic pain and pubic ramus fracture. Treatments to date have included numerous x-rays of pelvis-usually taken at doctor visits, Dilaudid pain pump, oral pain medication-Oxycontin and use of a walker. In the PR-2 dated 2/4/15, the injured worker is without pelvis complaints. The pelvis is stable to compression. The treatment plan is get a CT scan of pelvis to look at left side. If CT is negative, the physician will plan on an injection and follow that with physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan of pelvis without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (web), Hip and Pelvis/CT.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official disability guidelines hip and pelvis chapters has the following regarding computed tomography.

Decision rationale: This patient has a date of injury of 03/15/2010 and presents with left-sided hip pain. The current request is for CT scan of the pelvis without contrast. ACOEM Guidelines page 309 states under CT scan states, recommendation is made when cauda equina, tumor, infection, or fractures are strongly suspected and plain film radiographs are negative. ODG Guidelines under the hip and pelvis chapters has the following regarding computed tomography, "Indicated for sacral insufficiency fractures, suspected osteoma, subchondral fractures and failure of close reduction." Physical examination of the hip revealed the patient is able to rotate well; she has "little bit of quads weakness and abductor weakness, which is chronic. The pelvis is stable to compression. She is tender over the greater trochanteric and the hip flexors are somewhat tender as well." Review of the medical indicates the patient underwent radiograph of the pelvis on 10/31/14, which showed a superior and inferior pubic ramus fracture on the left side. The treating physician in his progress report dated 02/04/2015 notes "I repeated her AP of the pelvis and AP and lateral of the left hip. I do not see a fracture on the left side." In this case, neither the subjective complaints nor objective findings support the medical necessity of the CT at this time. In addition, the patient has already had an x-ray of the hip on 10/31/2014. There appears to be no new examination findings or new injury to warrant further investigation. Given the lack of guideline support for a CT scan at this juncture, the requested CT scan of the pelvis IS NOT medically necessary.