

Case Number:	CM15-0041551		
Date Assigned:	03/11/2015	Date of Injury:	06/06/2013
Decision Date:	04/14/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/04/2015

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: North Carolina, Georgia
 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 61 year old male with an industrial injury dated June 6, 2013. The injured worker diagnoses include degeneration of lumbar intervertebral disc, hip osteoarthritis, lumbago, lumbar radiculopathy, lumbar strain, lumbosacral radiculopathy, and spinal stenosis. He has been treated with radiographic imaging, computed tomography of lumbar spine, prescribed medications, physical therapy and periodic follow up visits. According to the progress note dated 7/17/2014, the injured worker reported back pain and right leg pain. The treating physician noted that the injured worker is having continuing pain in the right side of his back, right groin and right hip area with sustaining injury to his right hip. Treatment plan consists of diagnostic studies. There were no current progress reports submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of the right hip with 3D reconstruction: 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.

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

Decision rationale: CA MTUS is silent on specific indications for hip CT. ODG section on hip lists the indications for CT of hip as: Sacral insufficiency fractures, suspected osteoid osteoma, Subchondral fractures, Failure of closed reduction. In this case, the treating physician requested both MR arthrogram, which was approved, and CT of hip, which was denied on initial UR review. There was no specific indication of the rationale for additional imaging and none of the conditions for which CT of hip are indicated have been documented or suspected based on the records. Computed tomography of the hip is not medically indicated at this time.