

Case Number:	CM15-0043067		
Date Assigned:	03/13/2015	Date of Injury:	10/14/2008
Decision Date:	04/16/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/06/2015

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: Indiana

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 injured worker is a 51 year old male, who sustained an industrial injury on 10/14/2008. On provider visit dated 01/17/2015 the injured worker has reported left hip, leg and foot pain. On examination of left hip he was noted to have pain with palpation and movement, gluteal weakness and atrophy bilaterally, decreased range of motion secondary to pain and palpable crepitus was noted. Left great toe was noted as allodynia/hyperesthesia on palpation. The diagnoses have included left hip pain and chronic pain syndrome, plantar fascial fibromatosis, reflex sympathetic dystrophy of the lower limb, toe pain and crushing injury of toe. Treatment to date has included MRI of right hip, medication, exercise program, ice and rest.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic resonance imaging), 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: Hip & Pelvis (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hips and Pelvis

(Acute and Chronic), MRI (magnetic resonance imaging) Other Medical Treatment Guideline or Medical Evidence: ACOEM V.3, Hip and Groin Disorders, Diagnostic Testing, MRI.

Decision rationale: MTUS silent regarding MRI of hips. ODG states Recommended as indicated below. MRI is the most accepted form of imaging for finding avascular necrosis of the hip and osteonecrosis. And further outlines the following indications for MRI Osseous, articular or soft-tissue abnormalities, Osteonecrosis, Occult acute and stress fracture, Acute and chronic soft-tissue injuries, Tumors. ACOEM version 3 has three recommendations for MRI of hip: 1) MRI is recommended for select patients with subacute or chronic hip pain with consideration of accompanying soft tissue pathology or other diagnostic concerns. 2) MRI is recommended for diagnosing osteonecrosis. 3) MRI is not recommended for routine evaluation of acute, subacute, or chronic hip joint pathology, including degenerative joint disease. Medical documents do not indicate concerns for avascular necrosis, osteonecrosis, stress fracture, or soft-tissue abnormalities of the left hips. The treating physician does not document any conditions or concerns that meet ODG or ACOEM guidelines. As such, the request for MRI left hip is not medically necessary.