

<b>Case Number:</b>	CM15-0045684		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	11/11/2014
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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(n) 52 year old female, who sustained an industrial injury on 11/11/14. She reported pain in the shoulder, wrist, knee and left groin related to a slip and fall. The injured worker was diagnosed as having hip impingement, left knee strain and rotator cuff tear. Treatment to date has included x-rays, physical therapy, acupuncture and pain medications. As of the PR2 dated 2/24/15, the injured worker reports left hip pain and left knee pain. The treating physician noted diminished flexion and abduction in the left hip. The treating physician requested an MRI of the left hip.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the 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, 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.

**Decision rationale:** This 52 year old female has complained of left hip pain and left knee pain since date of injury 11/11/14. She has been treated with physical therapy, acupuncture and medications. The current request is for MRI of the left hip. Per the ODG guidelines cited above, indications for obtaining an MRI of the hip include a suspicion for the following disorders: osseous lesions, osteonecrosis, stress fracture, tumors, acute and chronic injuries. The available medical records do not discuss the provider rationale for obtaining an MRI of the hip. On the basis of the available medical records and per the ODG guidelines cited above, MRI of the hip is not indicated as medically necessary.