

Case Number:	CM15-0053672		
Date Assigned:	03/27/2015	Date of Injury:	10/15/2013
Decision Date:	05/05/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/20/2015

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, Hawaii
 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 62 year old female, who sustained an industrial injury on 10/15/2013. The current diagnoses are right hip sprain, lumbosacral sprain, and sciatica neuralgia. According to the progress report dated 6/20/2014, the injured worker complains of constant, severe pain and instability in the right hip. Additionally, she reports low back pain with radiation down the right leg to the level of the foot. Treatment to date was not available in the medical records provided. The plan of care includes MRI of the right hip, chiropractic, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip/Pelvis, Magnetic Resonance Imaging.

Decision rationale: The patient presents with pain affecting the right hip and low back with radiation down the right lower extremity. The current request is for MRI of the right hip. The

treating physician report dated 11/11/14 (4B) states: Right HIP ROM Hypermobility Pain on Faber Patric Test. May need MRI hip. A report from a different treating physician dated 6/20/14 (5B) states: Due to severity of her right hip pain, recommend Right Hip MRI to rule out labral injury. The MTUS guidelines do not address the current request. The ODG guidelines have the following regarding MRI's of the hip: Recommended as indicated below. MRI is the most accepted form of imaging for finding avascular necrosis of the hip and osteonecrosis. The guidelines go on to state, Exceptions for MRI: Labral tears (use MR arthrography unless optimized hip protocol and MRI with 3.0-T magnets). Medical reports provided, do not show that the patient has previously had an MRI performed. In this case, there is no documentation of any of the indications for imaging in the two medical reports provided for review. The most current treating physician report does not provide any rationale that would suggest the current request is medically necessary. Furthermore, the ODG guidelines only support imaging for suspected labral tears with the use of MR arthrography and MRI with 3.0-T magnets unless there was an indication that an optimized protocol for the hip using the functional method was to be performed. Recommendation is for denial. Therefore, the requested treatment is not medically necessary.