

Case Number:	CM15-0053892		
Date Assigned:	03/27/2015	Date of Injury:	09/18/2014
Decision Date:	05/05/2015	UR Denial Date:	03/10/2015
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

Certification(s)/Specialty: Internal 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 48 year old male, who sustained an industrial injury on September 18, 2014. He reported pain in his back. The injured worker was diagnosed as having lumbar sprain/strain, radiculitis rule out discopathy and left hip sprain/strain. Treatment to date has included diagnostic studies, chiropractic treatment and home exercises. On February 25, 2015, the injured worker complained of continued left side lower back pain and left hip pain extending into the left posterior thigh. He reported the pain to be elevated with prolonged standing. The treatment plan included home exercises, electrodiagnostic studies of the lower extremities and 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 (magnetic resonance imaging) of the left hip to r/o internal derangement: 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 (Acute & Chronic), Indications for imaging - Magnetic resonance imaging.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine 3rd Edition (2011) Hip and groin disorders.
<http://www.guideline.gov/content.aspx?id=38357>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address hip magnetic resonance imaging (MRI). American College of Occupational and Environmental Medicine 3rd Edition (2011) indicates that MRI for routine evaluation of acute, subacute, or chronic hip joint pathology, including degenerative joint disease is not recommended. The patient reported that on 10/16/14, he was pulling a garden hose and felt pain in his back. The radiology report dated 11/5/14 documented a negative study of the left hip. Alignment was intact. Bone density was normal. The visualized joint spaces are well maintained. There is no evidence of acute fracture or dislocation. The soft tissues are unremarkable. The primary treating physician's progress report dated 2/25/15 documented subjective complaints of left side lower back pain and left hip pain extending into the left posterior thigh. Objective findings were documented. FABERE (flexion, abduction, external rotation, extension) was positive for left hip pain. Straight leg raise was positive for low back pain radiating into the left lower extremity. There was pain with resisted muscle testing of the left hip. There was pain at the end range and lumbar motion. Diagnoses were lumbar sprain and strain, radiculitis, rule out discopathy, left hip sprain and strain. The 2/25/15 does not document a history of hip injury. No range of motion measurements of the hip were documented. No motor or sensory neurologic deficits on physical examination was documented. The radiology report dated 11/5/14 documented a negative study of the left hip. There is not objective evidence of left hip internal derangement. The request for a left hip MRI is not supported. ACOEM 3rd Edition indicates that MRI for routine evaluation of acute, subacute, or chronic hip joint pathology, including degenerative joint disease is not recommended. Therefore, the request for MRI of the left hip is not medically necessary.