MAXIMUS Federal Services

Case Number:	CM15-0053905		
Date Assigned:	03/27/2015	Date of Injury:	06/05/2013
Decision Date:	05/05/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/21/2015

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 50 year old female, who sustained an industrial injury on 6/5/13. She reported ankle/foot injury. The injured worker was diagnosed as having left hip strain, right ankle surgery and right foot strain. Treatment to date has included physical therapy, right ankle surgery, oral medications and topical medications. Currently, the injured worker complains of right hip pain and right ankle pain. The injured worker states she has increased burning in ankle with use of topical cream. The treatment plan consisted of a retrospective authorization for (MRI) magnetic resonance imaging of hip due to prolonged complaints and to begin physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro MRI left hip without contrast: 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 and Pelvis (updated 10/09/14).

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. MRI magnetic resonance imaging of the left hip without contrast dated 2/4/15 documented mild osteoarthritic changes of the left hip. There is no fracture or dislocation. There is no evidence of avascular necrosis. The gluteus medius tendon was intact. There is no joint effusion. There is no iliopsoas or trochanteric bursitis. There is no muscle strain. Medical records document a history of right peroneal tendon tear repair surgery on 9/3/14. The progress report dated 12/3/14 documented that the patient ambulates with a normal gait. Full weight bearing on both lower extremities was noted. No hip physical examination was documented. There was a history of right ankle surgery. No hip complaints were documented. The primary treating physician's medical report dated 12/18/14 documented a chief complaint of right ankle and foot pain. On the date of injury 6/5/13, the patient experienced right ankle and foot problems as a result of twisting the right ankle. Physical examination was documented left hip flexion 100 degrees, extension 30 degrees, abduction 30 degrees, adduction 20 degrees, internal rotation 30 degrees, external rotation 40 degrees. Diffuse left hip tenderness was noted. Diagnoses included left hip strain. No left hip X-rays were documented. No left hip injury was documented. The duration and severity of left hip complaints were not documented. The significant left hip physical examination finding was diffuse tenderness. There was no evidence of significant hip pathology. 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.