

Case Number:	CM15-0056828		
Date Assigned:	04/01/2015	Date of Injury:	02/03/2014
Decision Date:	05/06/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/25/2015

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, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, 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 62 year old female injured worker suffered an industrial injury on 02/03/2014. The diagnoses included degeneration of lumbar intervertebral disc, osteoarthritis of spinal facet joint, lumbar radiculopathy, partial tear of the right rotator cuff, strain of neck muscle, sacroiliac joint somatic disorder and trochanteric bursitis. The diagnostics included lumbar x-rays and lumbar/ right shoulder magnetic resonance imaging. The injured worker had been treated with medications. On 3/10/2015, the treating provider reported posterior neck pain, right shoulder pain and low back pain with bilateral leg pain. The right and left hip pain has gotten progressively worse 10/10 without medications and with medications 8/10. There is gait impairment with tenderness to the cervical, lumbar spine with spasm, decreased range of motion and positive straight leg raise. The spasms continue across both buttocks. The treatment plan included MRI of the right hip and 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 right hip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Hip & Pelvis Procedure summary online version last updated 03/25/2014- MRI.

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) and Other Medical Treatment Guidelines 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 right hip is not medically necessary.

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 ODG-TWC Hip & Pelvis Procedure summary online version last updated 03/25/2014- MRI.

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) and Other Medical Treatment Guidelines 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.