

Case Number:	CM15-0057650		
Date Assigned:	04/02/2015	Date of Injury:	12/05/2014
Decision Date:	05/08/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/26/2015

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 (IW) is a 52 year old female who sustained an industrial injury on 12/05/2014. She reported an injury with sprain and contusion of the right knee. The injured worker on 12/12/2014 was diagnosed by CT of the right knee as having osteopenia, no acute fractures, old screw tracks in the proximal tibia, and moderate arthritic changes. Her diagnoses prior to the CT were closed fracture of unspecified part of the tibia, contusion of knee, contusion of elbow, sprain and strain of unspecified site of wrist. Treatment to date has included a knee immobilizer followed by physical therapy/ rehabilitation of right knee of the right knee. Medications have included Norco, Ibuprofen and Voltaren gel. In the most current notes presented of 02/13/2015, the IW complains of right knee pain. A MRI of the right hip without contrast is requested dated 03/11/2015.

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 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 Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip Chapter, MRI's (Magnetic Resonance Imaging).

Decision rationale: The patient presents with sprain and contusion of the right knee. The current request is for MRI of the right hip without contrast. The medical records provided do not address the current request. The treating physician states, in a UR report dated 03/19/15, "requesting an MRI of the right hip due to constant right hip pain radiating from the right knee (8B)." X-rays of the right hip were taken during the clinic visit, revealing mild degenerative changes. Some early osteophyte formation is noted at the femoral head. The MTUS guidelines do not address hip MRIs. The ODG guidelines support MRI of the hip for Osseous, articular or soft-tissue abnormalities, Osteonecrosis, Occult acute and stress fracture, Acute and chronic soft-tissue injuries, Tumors, Suspected osteoid osteoma and Labral tears (use MR arthrography unless optimized hip protocol and MRI with 3.0-T magnets). In this case, the treating physician, per the UR Report of 03/19/15, fails to document any hip findings that would warrant an MRI of the hip. The medical necessity of this request is not established. The current request is not medically necessary and the recommendation is for denial.