

Case Number:	CM15-0060620		
Date Assigned:	04/06/2015	Date of Injury:	12/01/2010
Decision Date:	05/05/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/30/2015

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: Preventive Medicine, Occupational 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 65 year old female, who sustained an industrial injury on December 1, 2010. She has reported back pain, headache, neck pain, shoulder pain, knee pain, hip pain, and ankle pain. Diagnoses have included chronic lower back pain with multilevel disc bulges, chronic left shoulder sprain, chronic cervical myofascial pain, chronic bilateral trochanteric bursitis, headache, sleep disturbance secondary to pain, chronic thoracic myofascial pain, chronic knee pain, chronic left hip pain, and chronic right heel pain. Treatment to date has included medications, physical therapy, home exercise, chiropractic care, imaging studies, and diagnostic testing. A progress note dated February 10, 2015 indicates a chief complaint of lower back pain, headache, left shoulder pain, neck pain, upper back pain, bilateral knee pain, bilateral hip pain, and left ankle pain and swelling. The treating physician documented a plan of care that included medications and a magnetic resonance imaging of the 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 Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines, Hip & Pelvis (Acute & Chronic), MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis (Acute & Chronic), MRI (magnetic resonance imaging).

Decision rationale: The Official Disability Guidelines state that MRI is both highly sensitive and specific for the detection of many abnormalities involving the hip or surrounding soft tissues and is recommended as the first imaging technique employed following plain films. MRI shows superior sensitivity in detecting hip and pelvic fractures over plain film radiography. The ODG establish the following indications for MRI imaging: Osseous, articular or soft-tissue abnormalities; Osteonecrosis; Occult acute and stress fracture; Acute and chronic soft-tissue injuries; and Tumors. Patient had an x-ray of the right hip in 2011 that was notable only for mild degenerative changes. The medical record fails to document any of the above criteria. MRI of the Right Hip is not medically necessary.