

<b>Case Number:</b>	CM15-0084778		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	02/12/2015
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 33 year old male, who sustained an industrial injury on 2/12/2015. Diagnoses include lumbago, status post surgery right elbow, right hip/pelvis derangement and right ankle sprain/strain. Treatment to date has included surgical intervention (open reduction internal fixation (ORIF) of the Monteggia fracture and ORIF of the ulna with open reduction of the dislocated radial head on 2/18/2015) diagnostics, physical therapy and immobilization. Per the First Report of Occupational Injury or Illness dated 4/01/2015 the injured worker reported cellulitis causing discomfort to reach, grip and squeeze with decreased range of motion. Physical examination was not provided. The plan of care included medications and diagnostics. Authorization was requested for magnetic resonance imaging (MRI) of the right hip and pelvis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic Resonance Imaging (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 (ODG), hip and pelvis, MRI.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Hip pain and pg 21.

**Decision rationale:** According to the guidelines, an MRI of the hip can be performed for avascular necrosis. In addition, criteria include: Osseous: articular or soft-tissue abnormalities, Osteonecrosis: Occult acute and stress fracture, Acute and chronic soft-tissue injuries, Tumors: Exceptions for MRI-Suspected osteoid osteoma (See CT) Labral tears (use MR arthrography) In this case, the claimant had a CT 2 months ago showing fracture of the acetabulum and a symphysis fracture. There is no indication for an MRI. The injury is no longer acute and other diagnoses are not clinically evident. The request for an MRI of the hip is not medically necessary.

**Magnetic Resonance Imaging (MRI) of the pelvis:** 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, MRI.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Hip pain and pg 21.

**Decision rationale:** According to the guidelines, an MRI of the can be performed for avascular necrosis. In addition, criteria include: Osseous, articular or soft-tissue abnormalities, Osteonecrosis: Occult acute and stress fracture, Acute and chronic soft-tissue injuries, Tumors, Exceptions for MRI-Suspected osteoid osteoma (See CT) Labral tears (use MR arthrography) In this case, the claimant had a CT 2 months ago showing fracture of the acetabulum and a symphysis fracture. There is no indication for an MRI. The injury is no longer acute and other diagnoses are not clinically evident. The request for an MRI of the pelvis is not medically necessary.