

<b>Case Number:</b>	CM14-0172390		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	07/06/2000
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 54-year old project manager sustained several injuries as a result of a 7/6/2000 fall from the second floor of a construction site. The injury and early treatment are not described in the available records, but the patient had operative fixation of a fracture of the left hip and an above-the-knee amputation of his right leg. He also sustained a right shoulder injury and compression fractures of his spine. He is totally disabled and has not worked since 7/2000. There are very few progress reports in the records. One from the original treating surgeon dated 3/27/14, states that the patient continues to have left hip pain which he (the surgeon) cannot explain. He recommends that the patient receive a local anesthetic injection with steroid to help ascertain if the pain comes from the patient's hip or his back. The records contain an undated Doctor's First Report from the current primary treating physician. It is only partially legible, but contains diagnoses of early left hip arthritis and calcific tendonitis of the right shoulder. Cortisone injections of the R shoulder and left knee are requested, as is an arthrogram and cortisone injection of the left hip. The arthrogram and cortisone injection of the hip were denied in the Utilization Review (UR) on 8/4/14. A progress report from the same provider dated 8/13/14 contains a minimal number of hand-written words which include "Degenerative Joint Disease (DJD) of the left hip". No pain is documented in either hip, and no physical findings are recorded. A note dated 9/3/14 notes complaints of pain in the right shoulder and in both hips, and x-ray findings of old open reduction and internal fixation (ORIF) and early avascular necrosis of the left hip. Again no physical findings are documented. Diagnoses include tendonitis of the right shoulder, and avascular necrosis of both hips. The plan includes a second cortisone injection to the right shoulder and MRI of both hips. The records available to me do not contain any x-ray reports of the hips. However, the UR report of 9/18/14 refers to x-rays which revealed early degenerative joint disease of the right hip, and early avascular necrosis of

the left hip with evidence of old ORIF. The 9/18/14 Utilization Review (UR) modified the request for bilateral hip MRIs, and approved only a Magnetic Resonance Imaging (MRI) for 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 right and 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 & Pelvis (Acute & Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: The American College of Radiology Appropriateness Criteria, Musculoskeletal, Avascular Necrosis of the Hip

**Decision rationale:** The guideline cited above states that MRI of the hip without contrast is the most appropriate follow-up study when a plain radiograph shows a mottled femoral head, suspicious but not definite for avascular necrosis of a painful hip. If plain x-rays show collapse of the femoral head, MRI is somewhat less useful. The clinical findings in this case do not support the performance of bilateral hip MRIs to evaluate avascular necrosis. The patient appears to have chronic L hip pain with a plain x-ray that is at least suggestive of early avascular necrosis of the left hip. Since no hip x-ray reports are included in the available records, it cannot be definitively determined that an MRI of the left hip is medically necessary, but it probably is. There is no evidence in the records to support the performance of a R hip MRI. There is a single recorded complaint of right hip pain on 9/3/4 with no description of its quality or duration, and with no physical exam findings noted. The provider notes that R hip x-rays show early degenerative joint disease, and then apparently pulls the diagnosis of R hip avascular necrosis out of a hat. The x-ray report (as quoted in the UR report) also notes early degenerative joint disease of the right hip and does not document a concern for avascular necrosis. Based on the evidence-based guideline cited above and the clinical records provided for my review, MRIs of the right and left hip without contrast are not medically necessary. They are not necessary because the provider has not documented any symptoms, findings or x-ray results that would warrant the performance of a right hip MRI.