

Case Number:	CM14-0183630		
Date Assigned:	11/10/2014	Date of Injury:	06/30/2014
Decision Date:	12/16/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/04/2014

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 Occupational 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 patient is a 46 y/o female who developed spinal pain in addition to left sided upper and lower extremity pain subsequent to a fall on 6/30/14. She is reported to have a normal gait and full hip ROM with strait leg raising. A Faber test was noted to be painful on the left side. She was evaluated at an occupational clinic soon after the fall and x-rays showed a minor fracture. There is no documented attempt to obtain records, prior x-rays or a specific diagnosis from the clinic. No specific treatment was recommended other than avoiding weight bearing. Treatment has consisted of chiropractic sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Official Disability Guidelines (ODG), Hip and Pelvis (updated 10/09/14), MRI (magnetic resonance imaging)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 23-26.

Decision rationale: MTUS Guidelines list specific standards of evaluation to support a diagnosis or to support the medical necessity of additional testing. It is documented that the left hip or SI

joint is painful with a particular exam finding, but there is no documented attempt to find out what the prior diagnosis and x-ray findings were that may explain the clinical findings. With the ROM documented and the gait not affected by hip pain, there is no obvious medical need for a hip MRI without at least obtaining the prior diagnosis and test results that were previously completed. Under these circumstances the requested hip MRI is not medically necessary.