

<b>Case Number:</b>	CM14-0094259		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	12/18/1976
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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. 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: North Carolina

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 62 year old male, who sustained an industrial injury on 12/18/1976. He has reported subsequent right hip and severe left knee pain and was diagnosed with severe osteoarthritis of the right hip and left knee. Treatment to date has included oral pain medication, activity restriction and surgery. In a progress note dated 05/08/2014, the injured worker complained of right hip and left knee pain as well as frequent popping and grinding of the right hip and left knee. There were no specific objective examination findings documented during this visit. A request for authorization of x-rays of the pelvis, left hip and bilateral knees was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 X-Ray of the Pelvis, left hip and bilateral knees:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, hip and lower extremity imaging.

**Decision rationale:** The ACOEM and the California MTUS do not specifically address imaging of the hip or lower extremity. The ODG indicates imaging is warranted for osseous, articular or soft tissue abnormalities, osteonecrosis, occult and stress fracture, acute and chronic soft tissue injuries and tumors. In this case the provided documentation fails to show concern or objective finding consistent with any of the above mentioned diagnoses. Therefore criteria for lower extremity imaging has not been met per the ODG and the request are not medically necessary.