

Case Number:	CM15-0108991		
Date Assigned:	06/15/2015	Date of Injury:	07/21/2014
Decision Date:	07/14/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/05/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 60 year old female, who sustained an industrial injury on 07/21/2014, secondary to a fall resulting in pain in her left wrist, hand, fingers, lower back with radiation to her left lower extremity, left knee and left hip. On provider visit dated 05/01/2015 the injured worker has reported lumbar spine, left wrist, left hand, left knee and left leg pain. On examination of the lumbar spine revealed tenderness over the midline and paraspinal muscles with limited range of motion because of pain. Neurological exam revealed that both lower extremities were noted as normal except for a decreased sensation in the right L5 and S1 nerve root distribution and gait was normal. The diagnoses have included left hip strain-rule out labrum tear. Treatment to date has included laboratory studies and medication. MRI of the left hip on 05/11/2015 impression was normal. The provider requested MRI of the left hip to rule out internal derangement.

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), Indications for imaging - Magnetic resonance imaging.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter, MRI (Magnetic Resonance Imaging).

Decision rationale: Regarding the request for MRI of the left hip, guidelines generally support the use of advanced imaging following failure of conservative treatment and non-diagnostic plain film radiographs. ODG states that magnetic resonance imaging is recommended for osseous, articular, or soft tissue abnormalities. Within the documentation available for review, it appears the patient recently underwent an MRI of the left hip, and there is no statement indicating why repeat imaging would be required at the current time. In the absence of such documentation, the currently requested MRI of the left hip is not medically necessary.