

Case Number:	CM15-0110838		
Date Assigned:	06/17/2015	Date of Injury:	05/30/2014
Decision Date:	07/20/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/09/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 54 year old male, who sustained an industrial injury on May 30, 2014. He reported a pop in his right knee. Treatment to date has included physical therapy, MRI of the right knee, right knee steroid injection, and medications. Currently, the injured worker complains of left hip, bilateral knee and left ankle pain. The injured worker reports intermittent aching pain in the left hip with radiation of pain to the buttocks and thigh. He uses a single point cane for ambulation as needed and reported increased left hip pain with climbing stairs, prolonged walking and lifting heavy objects. He rates his left hip pain an average of 4 on a 10 point scale and an 8 on a 10-point scale with increased activity. He reports intermittent aching pain of the bilateral knees. On physical examination his left hip has no swelling, deformity or effusion. There is no tenderness to palpation over the left hip. The injured worker reports pain with range of motion. The left hip joint is stable and tracks well with range of motion and there is no instability with manipulation or weight-bearing. Faber test and Trendelenburg sign were negative. The diagnoses associated with the request include left hip labral tear. The treatment plan includes MRI of the left hip to rule out possible labral tea, MRI of the left knee to rule out possible meniscus tear, pain management referral, ice therapy, home therapy and work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Hip MRI: 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 section, MRI.

Decision rationale: This claimant was injured in 2014 with a pop in his right knee. There has been right knee steroid injection. As of late, there is pain in the left hip. He uses a cane for ambulation. There is stability in the hip joint and no orthopedic signs noted. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding imaging of the hip, the ODG notes: Recommended as indicated below. MRI is the most accepted form of imaging for finding avascular necrosis of the hip and osteonecrosis. The indications for the image for the hip include: Osseous, articular or soft-tissue abnormalities, Osteonecrosis Occult acute and stress fracture, Acute and chronic soft-tissue injuries, Tumors. It is not clear the claimant had these conditions; moreover, I would agree that the certified therapy should be completed before moving on to more diagnostics; the request is appropriately not medically necessary.