

Case Number:	CM15-0111053		
Date Assigned:	06/17/2015	Date of Injury:	09/18/2014
Decision Date:	07/17/2015	UR Denial Date:	05/14/2015
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, New York, 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 applicant is a represented 56-year-old who has filed a claim for chronic knee and hip pain reportedly associated with an industrial injury of December 18, 2014. In a Utilization Review report dated May 14, 2015, the claims administrator failed to approve a request for MRI imaging of the hip. A RFA form received on May 17, 2015 and an associated progress note of March 26, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On May 7, 2015, the applicant reported ongoing complaints of left knee and left hip pain. MRI imaging of the hip was pending. The applicant was asked to consult an orthopedist for both the hip and the knee. It was stated that the applicant was a candidate for surgical intervention involving the knee. The applicant was described as severely obese, standing 5 feet 7 inches tall and weighing 410 pounds. The applicant was using a cane to move about. Tenderness about the greater trochanteric hip was noted. The applicant did have a tear of the medial meniscus, it was suggested. Acupuncture was apparently continued. The applicant was on tramadol, Neurontin, and Naprosyn, it was reported. In a March 26, 2015 progress note, the applicant reported ongoing complaints of knee and hip pain, 5-6/10. The applicant was placed off of work, on total temporary disability. The applicant was using a cane to move about. Continued acupuncture, MRI imaging of the knee and MRI imaging of the hip were endorsed. An orthopedic consultation was also ordered. The requesting provider was a chiropractor (DC). It was not stated precisely what was sought insofar as the hip was concerned.

IMR ISSUES, DECISIONS AND RATIONALES

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

One magnetic resonance imaging of the 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 - Treatment for Workers' Compensation, online edition, Chapter: Hip & Pelvis (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Hip and Groin Disorders, pg 12 Table 1. Summary of Recommendations for Diagnostic and Other Testing for Hip and Groin Disorders. MRI for routine evaluation of acute, subacute, or chronic hip joint pathology, including degenerative joint disease & Not Recommended, Insufficient Evidence (I).

Decision rationale: No, the proposed MRI of the hip was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Hip Chapter notes in Table 1, page 12 that MRI imaging is "not recommended" in the evaluation of acute, sub acute, or chronic hip joint pathology, including hip degenerative joint disease. Here, the requesting provider did not clearly state what was sought and/or what was suspected insofar as the injured hip was concerned. The fact that the applicant was severely obese, weighing 420 pounds, significantly reduced the likelihood of the applicant's acting on the results of the hip MRI in question and/or go on to consider surgical intervention based on the outcome of the same. The requesting provider was, furthermore, a chiropractor (DC), as opposed to a hip surgeon, again reducing the likelihood of the applicant's acting on the results of the hip MRI in question and/or going on to consider surgical intervention based on the outcome of the same. The fact that hip and knee MRIs were concurrently ordered did suggest that the hip MRI was in fact ordered for routine evaluation purposes, without any clearly formed intention of acting on the results of the same. Therefore, the request was not medically necessary.