

Case Number:	CM15-0123307		
Date Assigned:	07/07/2015	Date of Injury:	04/30/1998
Decision Date:	08/04/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/26/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 (IW) is a 55-year-old male who sustained an industrial crush injury to the pelvis, lumbar spine and right wrist on 04/30/1998. Diagnoses include closed fracture of the pelvis, other and ankylosis of the hand joint. An MRI of the right hip on 4/27/15 showed mild osteoarthritic changes of the bilateral hips and degenerative changes of the lower lumbar spine with susceptibility artifact in the region of the symphysis pubis, likely related to prior surgery. Treatment to date has included medications, open reduction internal fixation of the pelvis and physical therapy. According to the progress notes dated 5/15/15, the IW reported low back pain radiating to the legs, bilateral hip pain and left wrist pain. On examination, weakness and restricted range of motion was noted. A request was made for CT scan of the right hip and CT scan of the left hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan right 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 - Treatment for Workers' Compensation, Online edition, Chapter: Hip & Pelvis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and pelvis section, Computed tomography (CT).

Decision rationale: Pursuant to the Official Disability Guidelines, computed tomography right hip is not medically necessary. Computed tomography reveals more subchondral fractures in osteonecrosis of the femoral head than unenhanced radiography or magnetic resonance imaging. CT provides excellent visualization of bone and is used to further evaluate bony masses suspected fractures not clearly identified on x-rays. Indications for CAT scan imaging includes sacral insufficiency fractures; suspected osteoid osteoma; subchondral fractures; and failed close reduction. In this case, the injured workers working diagnoses are closed fracture other specified part pelvis; and ankylosis of hand joint. The date of injury is April 30, 1998 (17 years prior). The request for authorization is June 2, 2015. The injured worker sustained a crush injury to the pelvis, lumbar spine and right wrist. According to an April 3, 2015 progress note, the injured worker was under the care at the [REDACTED]. Medical records from that extensive long-term treatment have not been received and or review by the requesting provider. According to the most recent progress note dated May 15, 2005, the injured worker has low back pain with bilateral hip pain. Objectively, there is decreased range of motion with tenderness. The treating provider requested Skin evaluation of the right hip and left it. There are no plain radiographs of the affected hip in the medical record. The medical records from [REDACTED] have not been received and reviewed. Consequently, absent clinical documentation with plain x-rays of the affected hip and review of detailed medical records from [REDACTED], computed tomography right hip is not medically necessary.

CT scan 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 - Treatment for Workers' Compensation, Online edition, Chapter: Hip & Pelvis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and pelvis section, Computed tomography (CT).

Decision rationale: Pursuant to the Official Disability Guidelines, computed tomography left hip is not medically necessary. Computed tomography reveals more subchondral fractures in osteonecrosis of the femoral head than unenhanced radiography or magnetic resonance imaging. CT provides excellent visualization of bone and is used to further evaluate bony masses suspected fractures not clearly identified on x-rays. Indications for CAT scan imaging includes sacral insufficiency fractures; suspected osteoid osteoma; subchondral fractures; and failed close reduction. In this case, the injured workers working diagnoses are closed fracture other specified part pelvis; and ankylosis of hand joint. The date of injury is April 30, 1998 (17 years prior). The request for authorization is June 2, 2015. The injured worker sustained a crush injury to the pelvis, lumbar spine and right wrist. According to an April 3, 2015 progress note, the injured worker was under the care at [REDACTED]. Medical records from that extensive

long-term treatment have not been received and or review by the requesting provider. According to the most recent progress note dated May 15, 2005, the injured worker has low back pain with bilateral hip pain. Objectively, there is decreased range of motion with tenderness. The treating provider requested Skin evaluation of the right hip and left it. There are no plain radiographs of the affected hip in the medical record. The medical records from [REDACTED] have not been received and reviewed. Consequently, absent clinical documentation with plain x-rays of the affected hip and review of detailed medical records from [REDACTED], computed tomography left hip is not medically necessary.