

Case Number:	CM15-0125759		
Date Assigned:	07/10/2015	Date of Injury:	04/01/2013
Decision Date:	08/06/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/29/2015

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:

This is a 45 year old male with an April 1, 2013 date of injury. A progress note dated May 27, 2015 documents subjective complaints (pain and discomfort in the right knee and right hip), objective findings (full range of motion of the bilateral knees; effusion of the right knee; tenderness or defect overlying the right distal quadriceps mechanism; tenderness under the medial or lateral patellar aspect; tenderness or defect over the patellar tendon or pes anserinus bursa; medial joint line tenderness), and current diagnoses (history of chronic injury to the right knee; status post fall affecting the right knee and right hip). Treatments to date have included magnetic resonance imaging of the right knee (March 7, 2015; showed tear of the medial head of the gastroc soleus, findings consistent with the plantaris tendon rupture with joint effusion, patellar chondromalacia, and tricompartmental osteoarthritis with increased signal in the medial meniscus), medications, physical therapy, chiropractic treatment, and acupuncture. The treating physician documented a plan of care that included magnetic resonance imaging of the right hip to make sure it was not affecting the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the 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 (ODG) (Hip) MRI.

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, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, magnetic resonance imaging right hip is not medically necessary. MRI is the accepted form of imaging for findings of avascular necrosis of the hip and osteonecrosis. MRI is the modality of choice after plain x-rays in selected patients with occult hip fracture where plain x-rays are negative. Indications for imaging include osseous, articular or soft tissue abnormalities; osteonecrosis; occult acute and stress fractures; acute and chronic soft tissue injuries; and tumors. Exceptions for MRI suspected osteoid osteoma; and labral tears. In this case, the injured worker's working diagnoses are chronic injury right knee; status post fall as a mechanic affecting right knee and right hip. The date of injury is April 1, 2013. Request for authorization is June 2, 2015. According to a May 27, 2015 progress note, the injured worker complains of a right hip injury and right knee injury with pain at both locations. Objectively, the injured worker's gait is normal. There is no objective physical examination of the right hip. The treating provider indicated an MRI of the right hip should be done to be sure the knee pain is not originating from the hip. There were no radiographs performed of the right hip. Consequently, absent objective documentation with a physical examination of the right hip and radiographs of the right hip, magnetic resonance imaging right hip is not medically necessary.