

Case Number:	CM15-0160940		
Date Assigned:	10/16/2015	Date of Injury:	01/18/2015
Decision Date:	11/30/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/17/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 62 year old female who sustained an industrial injury on 01-18-2015. A review of the medical records indicated that the injured worker is undergoing treatment for partial anterior cruciate ligament tear right knee, right femoral distal fracture involving the right knee joint and right hip sprain and strain. The injured worker is status post open reduction internal fixation of right distal femoral head on 01-21-2015. According to the treating physician's progress report on 08-05-2015, the injured worker continues to experience right knee pain with weight bearing rated at 6 out of 10 on the pain scale. The injured worker had no specific complaints of bilateral hip pain. Examination of the right hip and thigh showed a 10cm linear surgical scar in the external and mid aspect of the thigh that was well healed. There was tenderness noted to the right posterior hip with decreased motion and stiffness. There was no documentation of left hip pain or physical objective findings related to the left hip noted. Prior treatments have included right hip and right knee diagnostic testing, surgery with 12 post-operative physical therapy sessions and medications. Current medications were listed as Advil and Baraclude. Treatment plan consists of transcutaneous electrical nerve stimulation (TENS) unit, home exercise program and the current request for X-rays of the left hip. On 08-12-2015 the Utilization Review determined the request for left hip X-rays was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray 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), Hip & Pelvis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Taljanovic MS, et al., Chronic hip pain, American College of Radiology Appropriateness Criteria, 2011, <http://www.acr.org/~media/ACR/Documents/AppCriteria/Diagnostic/ChronicHipPain.pdf>, Accessed 11/24/2015, Jude CM, et al., Radiologic evaluation of the painful hip in adults, Topic 1816, version 17.0, Up-To-Date, accessed 10/03/2015, Anderson BC, et al, Evaluation of the adult with hip pain, Topic 252, version 10.0, Up-To-Date, accessed 10/03/2015.

Decision rationale: The American College of Radiology (ACR) Guidelines and literature support the use of x-rays as the first imaging study used to look more closely at the hip in the initial evaluation of ongoing hip pain. An x-ray arthrogram with an anesthetic and possibly steroids can be helpful when pain referred to the hip from another body area is suspected as the pain's cause but is uncertain after routine x-rays did not show a reason for the hip pain. The MTUS Guidelines are silent on this issue. The submitted and reviewed documentation indicated that the worker was experiencing right knee and thigh pain and depressed moods. There was no discussion detailing symptoms or findings related to a new problem with the worker's hip or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for x-rays of the left hip is not medically necessary.