

Case Number:	CM15-0170192		
Date Assigned:	09/10/2015	Date of Injury:	08/01/2012
Decision Date:	10/08/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/28/2015

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

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 68 year old male, who sustained an industrial injury on 8-01-2012. The injured worker was diagnosed as having degenerative joint disease, right hip. Treatment to date has included diagnostics, right hip cortisone injection, and medications. Magnetic resonance imaging of the right hip (1-27-2015) showed marked osteoarthritic changes of the right hip with subchondral cyst formation, and marked chondrosis, moderate joint effusion with synovitis and with few intra-articular loose bodies. It was documented that right hip x-rays showed end stage arthritis with bone on bone, osteophytes, and subchondral cysts. Currently (7-21-2015), the injured worker complains of right hip pain. Exam noted internal rotation 10 of 20 and external rotation 20 of 30. He had severe right sided hip pain with max internal rotation, but not in the groin, and subjective pain down the leg into the foot. He was retired. The treatment plan included a right total hip replacement with associated surgical services (certified) and Zimmer magnetic resonance imaging of the right hip for PSI-patient specific instruments (non-certified by Utilization Review on 7-31-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Zimmer MRI of the right hip for PSI QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment, Indications for Imaging - Magnetic Resonance Imaging (MRI).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg/Computer assisted surgery.

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines directly address this request in the section on the knee and leg. The Guideline's also address the hip with its recommendations in this section. The Guidelines are very specific in stating that this extra procedure and pre-op planning is not recommended as medically necessary. There are no unusual circumstances to justify an exception to the Guideline recommendations. The Zimmer MRI of the right hip for PSI QTY: 1.00 is not supported by Guidelines and is not medically necessary.