

<b>Case Number:</b>	CM15-0176125		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	08/07/2012
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 46 year old female with an industrial injury dated 08-07-2012. A review of the medical records indicates that the injured worker is undergoing treatment for depressive disorder, displacement of lumbar intervertebral disc without myelopathy, sciatica, backache, enthesopathy of hip region, isthmic spondylolisthesis, and urinary incontinence. Medical records (07-09-2015 to 08-26-2015) indicate ongoing back and leg pain. Treatment consisted of X-ray of lumbar spine on 04-16-2015, prescribed medications, anterior lumbar interbody L5-S1 fusion with hardware on 10-29-2014, physical therapy, home exercise program and periodic follow up visits. According to the most recent progress note dated 8-20-2015, the injured worker reported back and leg pain. Progress report 08- 20-2015, did not include any subjective complaints concerning bilateral hip. Physical exam (8-20-2015) revealed tenderness of bilateral GT (greater trochanteric) bursa, 50 degree flexion and pain with motion. The treating physician prescribed services for ultrasound of bilateral hips Quantity: 2, now under review. The original utilization review (08-26-2015) denied the request for ultrasound of bilateral hips Quantity: 2.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound of bilateral hips Qty: 2: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic)-Ultrasound (Sonography).

**Decision rationale:** Ultrasound of bilateral hips Qty: 2 is not medically necessary per the ODG. The MTUS does not address this issue. The ODG states that hip injections should not require ultrasound guidance. The indications for diagnostic ultrasound are scar tissue, adhesions, collagen fiber and muscle spasm and need to extend muscle tissue/accelerate soft tissue healing. Additionally, SI joint injections may require guidance. The ODG states that ultrasound guidance for hip injections is not generally necessary, but it may be considered in the following cases if there is a failure of the initial attempt where the provider is unable to aspirate any fluid; the size of the patient's hip, due to morbid obesity or disease process, that inhibits the ability to inject without ultrasound guidance. The documentation is not clear on the rationale for bilateral hip ultrasound therefore this request is not medically necessary.