

Case Number:	CM15-0066645		
Date Assigned:	04/14/2015	Date of Injury:	12/01/2012
Decision Date:	05/19/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	04/08/2015

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: California

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 is a 41 year old male, who sustained an industrial/work injury on 12/1/12. He reported initial complaints of left hip pain, s/p crush injury of the pelvis, abdomen, and left leg. The injured worker was diagnosed as having sprain/strain of the hip and thigh. Treatment to date has included medication, surgery (open reduction and internal fixation (ORIF) for left pelvic fracture, abdominal surgery 12/10/13, left stump revision surgery on 12/27/13). X-Rays results were reported on 4/26/13. Currently, the injured worker complains of left hip pain and along the groin. Per the physician's consultation notes on 2/19/15, there was note of difficulty wearing the prosthesis due to the left hip pain. Examination demonstrated no erythema over the left residual limb but there appeared to be an exposed stitch. The requested treatments include CT scan of the pelvis.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of the pelvis: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis Chapter, CT (computed tomography).

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) CT (computed tomography) ACOEM 3rd Edition (2011) Hip and groin disorders <http://www.guideline.gov/content.aspx?id=38357>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address CT computed tomography for hip disorders. Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic) indicates that CT (computed tomography) is recommended as indicated. CT provides excellent visualization of bone and is used to further evaluate bony masses and suspected fractures not clearly identified on radiographic window evaluation. CT can often define a fracture when it is not seen on X-ray study. American College of Occupational and Environmental Medicine (ACOEM) 3rd Edition (2011) indicates that computerized tomography (CT) for patients who need advanced imaging is recommended. The progress report dated 9/5/14 documented that the patient had a left hip arthrogram under fluoroscopy with cortisone injection on 8/22/14. He reported 75% relief with the injection. He is able to complete most of his activities without pain. The progress report dated 9/12/14 documented that the patient's left hip pain is better after his recent left hip injection performed fluroscopically. He has minimal pain along the left hip. The progress report dated 10/29/14 documented recurrence of left hip pain and left thigh pain. He has persistent substantial pain along the left hip girdle and thigh. The progress report dated 1/6/15 documented a history of crush injury December 1, 2012 to pelvis, abdomen, and left leg; left pelvic fracture status post open reduction and internal fixation; abdominal injuries status post surgery; left leg phantom pain versus radicular pain; status post abdominal surgery on December 10, 2013; status post left stump revision surgery on December 27, 2013. The progress report dated February 19, 2015 documented that the patient continues to have left hip pain. The patient remains concerned primarily about his left hip pain. The pain is along the groin. The patient is status post left stump revision surgery on December 27, 2013. The patient has a history of low back pain, left L5-S1, with x-rays April 26, 2013 mild disc degeneration L3-L4. The patient has a diagnosis of diabetes mellitus Type 2. The patient presents with an amputation that occurred over two years ago secondary to trauma to the left pelvis and leg. The patient needs to wear a prosthesis on a regular basis. This has not secondary to his persistent left hip pain. The cause of his persistent left hip pain is not clear. CT scanning of the pelvis to look for any fracture that has not healed, particularly along the left hip joint was requested. Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic) indicates that CT provides excellent visualization of bone and is used to further evaluate bony masses and suspected fractures not clearly identified on radiographic window evaluation. CT can often define a fracture when it is not seen on X-ray study. ACOEM 3rd Edition (2011) indicates that computerized tomography (CT) for patients who need advanced imaging is recommended. Medical records document documented a history of crush injury December 1, 2012 to pelvis, abdomen, and left leg; left pelvic fracture status post open reduction and internal fixation; abdominal injuries status post surgery; status post abdominal surgery on December 10, 2013; status post left stump revision surgery on December 27, 2013. The patient had a left hip arthrogram under fluoroscopy with cortisone injection on 8/22/14, which provided relief. Currently the patient has persistent substantial pain along the left hip girdle and thigh. The cause of his persistent left hip pain is not clear, according to the treating physician. The request for a computed tomography to evaluate the recurrent, persistent, and substantial left hip pain is supported. Therefore, the request for computed tomography (CT) is medically necessary.

