

<b>Case Number:</b>	CM15-0070822		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	05/01/2014
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 52 year old male, who sustained an industrial injury on 5/01/2014. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbar sprain/strain with radicular components, left knee internal derangement, including complex tear of the medial meniscus and contusion injuries, left hip and groin sprain/strain, contusion injuries in multiple sites of the left lower extremity, and probable inguinal hernia. Treatment to date has included diagnostics and medications. Urine drug screen, dated 10/21/2014, was inconsistent with expected results. Per the progress report dated 11/03/2014, the injured worker complained of left leg pain, left calf pain, left knee pain, and left hip pain, rated 7-8/10. He also reported low back pain (8/10) with radiation down the posterior left leg to the top of his foot, with numbness and tingling. Current medication use included Norco. He used a cane for ambulation and had an antalgic gait. Moderate range of motion loss was noted in the left hip. The treatment plan included magnetic resonance imaging of the left hip. Currently (2/18/2015), he reported low back, left hip, left groin, and left knee pain. Pain was not rated and objective findings for the left hip were not noted. He remained on total temporary disability and was documented to have failed physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic resonance imaging (MRI) of the left hip without contrast:** 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; MRI (magnetic resonance imaging); Indications for imaging - Magnetic resonance imaging.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hips and Pelvis (Acute and Chronic), MRI (magnetic resonance imaging) and Other Medical Treatment Guidelines ACOEM V.3, Hip and Groin Disorders, Diagnostic Testing, MRI.

**Decision rationale:** MTUS silent regarding MRI of hips. ODG states "Recommended as indicated below. MRI is the most accepted form of imaging for finding avascular necrosis of the hip and osteonecrosis." And further outlines the following indications for MRI "Osseous, articular or soft-tissue abnormalities, Osteonecrosis, Occult acute and stress fracture, Acute and chronic soft-tissue injuries, Tumors." ACOEM version 3 has three recommendations for MRI of hip: 1) MRI is recommended for select patients with subacute or chronic hip pain with consideration of accompanying soft tissue pathology or other diagnostic concerns. 2) MRI is recommended for diagnosing osteonecrosis. 3) MRI is not recommended for routine evaluation of acute, subacute, or chronic hip joint pathology, including degenerative joint disease. Medical documents do not indicate concerns for avascular necrosis, osteonecrosis, stress fracture, or soft-tissue abnormalities of the left hips. The treating physician does not document any conditions or concerns that meet ODG or ACOEM guidelines. As such, the request for Magnetic resonance imaging (MRI) of the left hip without contrast is not medically necessary.