

<b>Case Number:</b>	CM15-0071842		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	02/03/2014
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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 62 year old female, who sustained an industrial injury on 2/03/2014. She reported falling forward, hitting her knees, shoulder, and her head against the wall. Diagnoses include neck sprain, lumbar disc degeneration, osteoarthritis of facet joint, radiculopathy, right shoulder rotator cuff tear, sacroiliac joint dysfunction and trochanteric bursitis. Treatments to date include NSAID, analgesic, hot/cold compress, physical therapy, chiropractic therapy, acupuncture, home exercise, TENS unit and massage therapy. Currently, she complained of low back pain with worsening symptoms to lower extremities and right greater than left hips. On 3/31/15, the physical examination documented tenderness and muscle spasms across lumbar and buttocks regions with decreased range of motion. The straight leg raise test, Patrick's test and compression test were all positive. The plan of care included MRI of bilateral hips.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the right 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 Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine 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 hip magnetic resonance imaging (MRI). American College of Occupational and Environmental Medicine 3rd Edition (2011) indicates that MRI for routine evaluation of acute, subacute, or chronic hip joint pathology, including degenerative joint disease is not recommended. The utilization review letter dated 4/10/15 documented that the patient has had no hip X-rays or physical therapy for the hips in the past. Date of injury was 2/3/14. The progress note dated 3/31/15 documented low back pain radiating to the left leg and bilateral hips. Physical examination demonstrated bilateral hip pain. Positive Patrick's test and compression test was noted. Diagnoses included trochanteric bursitis, sacroiliac joint disorder, lumbar intervertebral disc, lumbar radiculopathy. No hip range of motion documented. No plain radiographs X-rays of the hips were documented. Without a comprehensive physical examination of the hips and hip X-rays, the request for bilateral hip MRI is not supported by ACOEM guidelines. ACOEM 3rd Edition indicates that MRI for routine evaluation of acute, subacute, or chronic hip joint pathology, including degenerative joint disease is not recommended. Therefore, the request for MRI of the right hip is not medically necessary.

**MRI of the 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 Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine 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 hip magnetic resonance imaging (MRI). American College of Occupational and Environmental Medicine 3rd Edition (2011) indicates that MRI for routine evaluation of acute, subacute, or chronic hip joint pathology, including degenerative joint disease is not recommended. The utilization review letter dated 4/10/15 documented that the patient has had no hip X-rays or physical therapy for the hips in the past. Date of injury was 2/3/14. The progress note dated 3/31/15 documented low back pain radiating to the left leg and bilateral hips. Physical examination demonstrated bilateral hip pain. Positive Patrick's test and compression test was noted. Diagnoses included trochanteric bursitis, sacroiliac joint disorder, lumbar intervertebral disc, lumbar radiculopathy. No hip range of motion documented. No plain radiographs X-rays of the hips were documented. Without a comprehensive physical examination of the hips and hip X-rays, the request for bilateral hip MRI is not supported by ACOEM guidelines. ACOEM 3rd Edition indicates that MRI for routine evaluation of acute, subacute, or chronic hip joint

pathology, including degenerative joint disease is not recommended. Therefore, the request for MRI of the left hip is not medically necessary.