

<b>Case Number:</b>	CM15-0073029		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	04/13/2012
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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 57 year old male, who sustained an industrial injury on 4/13/12. The injured worker has complaints of acute pain that traveled into his body, but mostly on his left great toe. The diagnoses have included left shoulder sprain, impingement, AC joint arthritis and tendinitis, status post arthroscopic debridement, decompression and Mum for procedure on 6/19/13; right hip contusion and sprain, rule out traumatic arthritis; right hip arthralgia and no evidence of permanent disability or present pathology in the fifth knee. Treatment to date has included Chevron osteotomy on 12/14/12; magnetic resonance imaging (MRI); X-rays; left shoulder arthroscopy on 7/19/13 and medications. The request was for X-rays of the right hip, right pelvis and right proximal femur with AP views.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray of the right hip with AP views:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines History and Physical Examination Page(s): 8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis- X-Ray.

**Decision rationale:** X-ray of the right hip with AP views is medically necessary per the ODG Guidelines and the MTUS. The MTUS does not specifically address hip x-rays but states that a thorough physical examination is also important to establish/confirm diagnoses and to observe/understand pain behavior. The history and physical examination also serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. The ODG states that plain radiographs (X-Rays) of the pelvis should routinely be obtained in patients sustaining a severe injury. X-Rays are also valuable for identifying patients with a high risk of the development of hip osteoarthritis. The documentation indicates that the patient had a fall in April of 2012 with a hematoma and the purpose of the x-rays were to evaluate for traumatic arthritis or even avascular necrosis. The x-ray of the right hip is reasonable in this case and is medically necessary.

**X-ray of the right pelvis with AP views:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines History and Physical Examination Page(s): 8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis- X-Ray.

**Decision rationale:** X-ray of the right pelvis with AP views is medically necessary per the ODG Guidelines and the MTUS. The MTUS does not specifically address hip x-rays but states that a thorough physical examination is also important to establish/confirm diagnoses and to observe/understand pain behavior. The history and physical examination also serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. The ODG states that plain radiographs (X-Rays) of the pelvis should routinely be obtained in patients sustaining a severe injury. X-Rays are also valuable for identifying patients with a high risk of the development of hip osteoarthritis. The documentation indicates that the patient had a fall in April of 2012 with a hematoma and the purpose of the x-rays were to evaluate for traumatic arthritis or even avascular necrosis. The x-ray of the right pelvis is reasonable in this case and is medically necessary.

**X-ray of the right proximal femur with AP views:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines History and Physical Examination Page(s): 8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg- Radiography (x-rays).

**Decision rationale:** The ODG does not address proximal femur x-rays but states that the clinical parameters for ordering knee x-rays in this population following trauma are as follows: Joint effusion within 24 hours of direct blow or fall, Palpable tenderness over fibular head or patella, Inability to walk (four steps) or bear weight immediately or in the emergency room or within a week of the trauma, and Inability to flex knee to 90 degrees. MTUS does not specifically address proximal femur x-rays but states that a thorough physical examination is also important to establish/confirm diagnoses and to observe/understand pain behavior. The history and physical examination also serves to establish reassurance and patient confidence. Diagnostic studies should be ordered in this context and not simply for screening purposes. The documentation does not indicate subjective or objective complaints findings around the proximal femur. The request is not medically necessary.