

Case Number:	CM15-0073906		
Date Assigned:	04/24/2015	Date of Injury:	04/24/2012
Decision Date:	06/11/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/17/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 44 year old woman sustained an industrial injury on 4/2/42012 when she attempted to sit down, a chair slipped backward, and she landed on her left buttock. Diagnoses include left hip internal derangement, lumbar spine myoligamentous injury with left radicular symptoms, cervical spine discopathy with left upper extremity radiculopathy, and left shoulder impingement. Treatment has included oral medications, acupuncture, massage therapy, electrical stimulation, lumbar spine epidural injection, and physical therapy. Physician notes dated 3/17/2015 show complaints of left hip pain, lumbar spine pain with radiation down the leg, cervical spine pain with radiation tot eh left upper extremity, and left shoulder pain. Recommendations include left hip MRI, copy of orthopedic QME report, Anaprox, Prilosec, Topamax, and follow up in one month. Trigger point injections were administered during this visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left hip MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis, MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, hip imaging.

Decision rationale: The ACOEM and the California MTUS do not specifically address imaging of the hip or lower extremity. The ODG indicates imaging is warranted for osseous, articular or soft tissue abnormalities, osteonecrosis, occult and stress fracture, acute and chronic soft-tissue injuries and tumors. In this case, the provided documentation fails to show concern or objective finding consistent with any of the above-mentioned diagnoses. Therefore, criteria for lower extremity imaging has not been met per the ODG and the request are not medically necessary.