

<b>Case Number:</b>	CM15-0078146		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	03/05/2011
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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: Preventive Medicine, Occupational 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 50 year old male, who sustained an industrial injury on 3/5/2011. He reported left knee and head injury after a slip and fall. The injured worker was diagnosed as having post-concussion. Treatment to date has included medications, botox injections. The request is for magnetic resonance imaging of the right hip. On 2/17/2015, he complained of chronic headaches. He reported obtaining some relief from medications. The treatment plan included: Excedrin, Midrin, and follow up.

### 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:** Overturned

**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, Magnetic resonance imaging (MRI).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter/MRI Section.

**Decision rationale:** MTUS guidelines do not address MRIs of the hip, therefore other guidelines were consulted. Per ODG, MRI is the most accepted form of imaging for finding avascular necrosis of the hip and osteonecrosis. MRI is both highly sensitive and specific for the detection of many abnormalities involving the hip or surrounding soft tissues and should in general be the first imaging technique employed following plain films. MRI seems to be the modality of choice for the next step after plain radiographs in evaluation of select patients with an occult hip fracture in whom plain radiographs are negative and suspicion is high for occult fracture. This imaging is highly sensitive and specific for hip fracture. Even if fracture is not revealed, other pathology responsible for the patient's symptoms may be detected, which will direct treatment plans. This injured worker has had previous ultrasound and x-ray of the hip which only revealed mild to moderate arthritic changes and no evidence of fracture. Given the occult nature of many hip fractures and limitations with imaging that has already been utilized, more advanced imaging is reasonable at this point. The request for MRI of the right hip is determined to be medically necessary.