

<b>Case Number:</b>	CM15-0090600		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	12/18/2012
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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, Indiana, New York  
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:

This is a 51 year old male with a December 18, 2012 date of injury. A progress note dated April 14, 2015 documents subjective findings (left hip and thigh pain), objective findings (diminished light touch sensation of the left lateral ankle), and current diagnoses (left femur fracture). Treatments to date have included medications, physiotherapy, home exercise, transcutaneous electrical nerve stimulator unit, and surgery. The medical record identifies that medications help control the pain. The treating physician documented a plan of care that included magnetic resonance imaging of the left thigh.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI left thigh:** 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), Knee & Leg.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg section, MRI.

**Decision rationale:** Pursuant to the Official Disability Guidelines, magnetic resonance imaging left thigh is not medically necessary. Soft tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI. Indications for imaging include, but are not limited to, acute trauma to the knees; nontraumatic knee pain, patellofemoral symptoms; nontraumatic knee pain initial antero-posterior and lateral radiographs are nondiagnostic. Repeat MRI; postsurgical MRIs if needed to assess knee cartilage repair tissue. Routine use of MRI for follow-up asymptomatic patients following the arthroplasty is not recommended. In this case, the injured worker's working diagnosis is left femur fracture. The date of injury is December 18, 2012. The injured worker underwent open reduction internal fixation of the left hip. The injured worker has persistent pain in and about the left thigh and hip area. The treating provider is requesting an MRI thigh. A review of the medical record documentation shows there were no recent plain x-rays of the left thigh/hip performed. The physical examination contains a handwritten light touch sensation section indicating left mid anterior thigh, left mid lateral calf intact, and left lateral ankle diminished. There were no physical findings referable to the left hip. There were no red flags. There is no neurologic evaluation performed. Consequently, absent clinical documentation with a detailed physical examination of the left hip and plain x-rays, MRI left thigh is not medically necessary.