

Case Number:	CM15-0096405		
Date Assigned:	05/26/2015	Date of Injury:	10/01/2007
Decision Date:	06/26/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/19/2015

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:

The injured worker is a 58 year old female who sustained a work related injury October 1, 2007. According to a primary treating physician's progress report, dated March 23, 2015, the injured worker presented with low back and right leg pain, which increases with prolonged walking. She reports when she fell, she fell on her right shoulder and right wrist. Objective findings included positive straight leg raise right/left, tenderness to palpation of the lumbar spine with spasms, good heel to toe walk, right shoulder nearly symmetrical range of motion, positive impingement, and tenderness of subacromial bursa. Diagnoses are cervical sprain of neck, cervical radiculopathy; right shoulder sprain/contusion with possible internal derangement; right wrist hand/sprain/contusion with possible internal derangement. Some hand-written notes are difficult to decipher. Treatment plan included medication, MRI of the right hand/wrist, MRI of the right shoulder, CT of the cervical spine, and at issue, a request for MRI of the bilateral hips.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI bilateral hips: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Pursuant to the Official Disability Guidelines, magnetic resonance imaging of the bilateral hip is not medically necessary. MRI is the accepted form of imaging for findings of avascular necrosis of the hip and osteonecrosis. MRI is the modality of choice after plain x-rays in selected patients with occult hip fracture where plain x-rays are negative. Indications for imaging include osseous, articular or soft tissue abnormalities; osteonecrosis; occult acute and stress fractures; acute and chronic soft tissue injuries; and tumors. Exceptions for MRI suspected osteoid osteoma; and labral tears. Cervical, thoracic, lumbar, sacral myofascial syndrome with bilateral radicular pain right greater than left; bilateral sciatica; right shoulder sprain/contusion with possible internal derangement; right wrist/hand sprain/contusion possible internal derangement. There is a single progress note from the treating provider in the medical record dated April 6, 2015. Subjectively, the injured worker complains of burning sensation down the hips bilaterally. Objectively, there are no physical findings referencing the right or left hips. Multiple x-rays were taken including the right shoulder, right humerus, right and left clavicle, but there were no x-rays of the hips and the medical record. The treatment plan contains an order for an MRI of the bilateral hips, pelvis, right hand, right shoulder and cervical, thoracic, lumbar spine. There is no clinical indication or rationale in the single progress note dated April 6, 2015. Treatment to date (referencing the hips bilaterally) is not present in the medical record. Consequently, absent clinical documentation with a treatment history, plain radiographs of the hips bilaterally and objective physical findings of the right and left hip, magnetic resonance imaging (MRI) of the bilateral hips is not medically necessary.