

Case Number:	CM16-0248655		
Date Assigned:	01/12/2017	Date of Injury:	11/11/2016
Decision Date:	02/08/2017	UR Denial Date:	12/09/2016
Priority:	Standard	Application Received:	12/28/2016

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: Ohio, West Virginia, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 61 year old female who sustained a work related injury on November 11, 2016, incurring right shoulder and right hip injuries after a fall. She was diagnosed with a right shoulder sprain and right hip sprain. X-rays of the right shoulder revealed degenerative changes in the acromioclavicular joint and x-rays of the right hip were unremarkable. Treatment included physical therapy, pain medications, anti-inflammatory medication, sleep medications, anti-anxiety medications, antidepressants and activity modifications. Currently, the injured worker complained of right shoulder pain radiating to her arm and increased right hip pain radiating to the back. The hip pain was aggravated by movement, sitting and walking. Symptoms included crepitus, decreased mobility, joint tenderness and instability. She rated the pain 9 out of 10 on a pain scale from 0 to 10. On examination there was right hip tenderness to palpation, pain with range of motion and decreased hip strength. The treatment requested for review included an MRI without contrast of the right hip. On December 9, 2016, a request for an MRI without contrast of the right hip was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast of the right hip: Upheld

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation ODG Hip & Pelvis.

MAXIMUS guideline: The Expert Reviewer based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hips and Pelvis (Acute and Chronic), MRI (magnetic resonance imaging) and Other Medical Treatment Guidelines ACOEM Hip and Groin Disorders, Diagnostic Testing, MRI.

Decision rationale: CA-MTUS silent regarding MRI of hips. The ODG states "Recommended as indicated below. MRI is the most accepted form of imaging for finding avascular necrosis of the hip and osteonecrosis." And further outlines the following indications for MRI "Osseous, articular or soft-tissue abnormalities, Osteonecrosis, Occult acute and stress fracture, Acute and chronic soft-tissue injuries, Tumors." The ACOEM has three recommendations for MRI of hip: 1) MRI is recommended for select patients with subacute or chronic hip pain with consideration of accompanying soft tissue pathology or other diagnostic concerns. 2) MRI is recommended for diagnosing osteonecrosis. 3) MRI is not recommended for routine evaluation of acute, subacute, or chronic hip joint pathology, including degenerative joint disease. The available medical record does not indicate concerns for avascular necrosis, osteonecrosis, stress fracture, or soft-tissue abnormalities of the left hips. The record does not document any conditions or concerns that meet ODG or ACOEM guidelines. As such, the request for MRI without contrast of the right hip is deemed not medically necessary.