

Case Number:	CM16-0244053		
Date Assigned:	12/22/2016	Date of Injury:	10/29/2016
Decision Date:	01/26/2017	UR Denial Date:	11/30/2016
Priority:	Standard	Application Received:	12/20/2016

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: 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 49 year old male, who sustained an industrial injury on 10-29-16. Medical records indicate that the injured worker is undergoing treatment for left hip pain, left hip strain and possible lumbar radiculopathy. The injured worker is currently working with modified duties. Objective findings at initial exam on 10/30/16 stated that there is tenderness to palpation over the hip, with normal but painful hip ROM. On (11-16-16) the injured worker complained of left hip pain and left leg pain. The injured worker reports that his left leg feels like it is in a bucket of fire and that he needs to be taken off work because he needs to lie down. The pain was rated 8 out of 10 on the visual analogue scale. The treating physician notes that he explained to the injured worker that lying down is not what's best for him and that he would refer him for a MRI of the left hip and to see a specialist for a second opinion. There were no physical exam findings related to the hip noted. Treatment and evaluation to date has included medications, x-rays and a Toradol injection. X-rays of the left hip were noted to show degenerative changes. Current medications include Relafen and a medication for cholesterol (unspecified). The Request for Authorization dated 11-16-16 is for a MRI of the left hip. The Utilization Review documentation dated 11-30-16 non-certified the request for a MRI of the left hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left 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 ACOEM guidelines and the Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation ACOEM Hip and Groin Chapter/Diagnostic and treatment recommendations.

Decision rationale: The patient is two months status post injury resulting in left hip pain. The x-ray indicates degenerative changes. A clinic note two weeks after the injury on 11/16/16 did not outline abnormal findings on exam and requested an MRI. According to ACOEM guidelines, hip MRI is not recommended for routine acute or chronic hip pain to evaluate chronic hip pathology. Given lack of physical exam findings, lack of red flags and cited guidelines the MRI is not supported by the provided records as being medically necessary at this time.