

Case Number:	CM14-0029412		
Date Assigned:	07/18/2014	Date of Injury:	07/16/2013
Decision Date:	09/23/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/07/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

There were 193 pages provided for review. The request for independent medical review was signed on March 7, 2014. Per the records provided, the claimant is a 43 year old with an injury from July 16, 2013. She had pain after a slip and fall. She had medicines for management, activity modification and six sessions of therapy certified in November 2013. The documents reviewed included an evaluation from January 16, 2014. She had mostly back pain and some numbness and tingling and 10% leg pain. There was spasm along the thoracic spine. X-rays of the hip were ordered. A recent request for therapy was certified, and those sessions were not completed, so it was premature to move on to other care interventions. Several Concentra notes were provided from 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for the right hip: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Regarding imaging of the hip, the ODG notes: Recommended as indicated below. MRI is the most accepted form of imaging for finding avascular necrosis of the hip and osteonecrosis. The indications for the image for the hip include: osseous, articular or soft-tissue abnormalities, osteonecrosis, occult acute and stress fracture, acute and chronic soft-tissue injuries, and tumors. It is not clear the claimant had these conditions; moreover, I would agree that the certified therapy should be completed before moving on to more diagnostics; the request is appropriately not medically necessary.