

Case Number:	CM14-0095151		
Date Assigned:	07/28/2014	Date of Injury:	10/20/2008
Decision Date:	09/29/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/23/2014

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 Family 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:

This is a 61 year old male patient who reported an industrial injury on 10/20/2008, almost six (6) years ago, attributed to the performance of his customary job tasks reported as lifting heavy weights. The patient underwent a prior MRI of the left hip and pelvis that demonstrated no pathology. The patient underwent an ultrasound to the left groin, hip, and pelvis during March 2014 was unremarkable. The patient reports that he has fullness along the left lower abdomen and symphysis pubis with no swelling. The objective findings on examination included a full ROM to the left hip. The patient was treated with medications, PT, and activity modifications. The diagnoses included myositis; myalgias; fibromatosis. The treatment plan included a repeated MRI of the left hip, groin, and pelvis.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Pelvis W/O Dye - Outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The repeated MRI of the left hip and pelvis is a screening study that is not supported by other imaging studies or the objective findings on examination. Prior imaging studies have been negative. There were no documented interval changes in the objective findings on examination to the left hip, pelvis, or groin to support the medical necessity of a repeated MRI. The requesting physician failed to document any interval changes in the clinical status of the patient to support the medical necessity of repeated MRIs of the hips. The patient is documented to have been assessed as permanent and stationary. There are no diagnoses documented by the requesting physician for the hips. There is documented change in the clinical status of the hips since the date the patient underwent a prior MRI and ultrasound studies. The request for a repeated MRI of the left hip and pelvis is not supported with the documented FROM to the left hip. There is no provided rationale supported with objective evidence to support the medical necessity of a repeated MRI of the left groin, pelvis, and hip. The objective findings recommended by the ACOEM Guidelines 2nd edition and the Official Disability Guidelines for the authorization of an MRI of the Hip were not documented in the available clinical documentation.