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| Case Number: | CM13-0017044 | | |
| Date Assigned: | 10/11/2013 | Date of Injury: | 10/28/2005 |
| Decision Date: | 04/03/2014 | UR Denial Date: | 08/05/2013 |
| Priority: | Standard | Application Received: | 08/27/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 physician 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 38 year-old male sustained an injury on 10/28/05 while employed by the [REDACTED]. Requests under consideration include Right Hip MRI Arthrogram and Consultation/ Treat with [REDACTED]. Report of 4/24/07 from the ortho provider noted patient treating for right knee pain, now with right hip issues secondary to gait aberration. Right hip pain radiated into the hamstring with burning sensation and occasional symptoms of locking and catching. Exam noted lumbar forward flexion within 2" from the floor, extension of 20 degrees. Strength of hip flexion, extension, adduction, abduction, knee extension/flexion, ankle dorsiflexion, plantar flexion, inversion, eversion, and toe dorsiflexion plantar flexion to be 5/5. Sensation was intact from L1-S1 with symmetrical 2+ reflexes. Knees showed stable to varus and valgus stress at 0-30 degrees flexion; no anterior or posterior drawer sign; negative Lachman; with joint line tenderness. X-rays of right knee showed no post-traumatic arthrosis with joint spaces well-maintained. Diagnoses included #2 Persistent right gonarthralgia s/p ACL reconstruction requiring subsequent arthroscopic debridement of scar tissue with follow-up MRI showing meniscal tear; #2Lumbago secondary to #1. Hand-written limited report of 6/14/13 from ortho provider noted continued pain; objective findings had "stable." Diagnosis was "Cyst right knee." Plan was for full duty without limitations or restrictions. Current report of 7/18/13 from ortho provider noted primary diagnosis right progressive hip and now left hip problems with obvious femoroacetabular impingement with treatment requests of above for MR Arthrogram of hip and hip specialist with [REDACTED]. Requests were non-certified on 8/5/13 citing lack of medical indication and necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

(R) HIP MRI ARTHROGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 Chapter, Arthrography, pages 235-236.

Decision rationale: Femoroacetabular Impingement (FAI) is regarded as a cause of premature hip osteoarthritis, a condition characterized by abnormal contact between the proximal femur and rim of the acetabulum (hip socket). In most cases, patients present with a deformity in the femoral head or acetabulum, a poorly positioned femoral-acetabular junction, predominantly, is a marginal developmental hip abnormality. The diagnosis of FAI typically involves a physical examination in which the range of motion of the leg in relation to the hip is tested. Positive limited flexibility would lead to further examination with x-ray of the hip joints with subsequent CT or MR imaging showing the condition of hip cartilage, signs of osteoarthritis, or angles of the hip socket. Submitted reports have not identified any specific symptoms, clinical findings, or x-rays results consistent with FAI, a predominantly developmental abnormality. There were no acute injury, flare-up of symptoms, or red-flag conditions reported for this chronic knee injury of 2005 as the patient was deemed full duty without restrictions on report of 6/14/13, a month earlier. Criteria for MR Arthrogram have not been met; therefore, consultation for hip specialist is not warranted. The Right hip MRI Arthrogram is not medically necessary and appropriate.

Consultation/ treat with [REDACTED]: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180, 183.

Decision rationale: Femoroacetabular Impingement (FAI) is regarded as a cause of premature hip osteoarthritis, a condition characterized by abnormal contact between the proximal femur and rim of the acetabulum (hip socket). In most cases, patients present with a deformity in the femoral head or acetabulum, a poorly positioned femoral-acetabular junction, predominantly, is a marginal developmental hip abnormality. The diagnosis of FAI typically involves a physical examination in which the range of motion of the leg in relation to the hip is tested. Positive limited flexibility would lead to further examination with x-ray of the hip joints with subsequent CT or MR imaging showing the condition of hip cartilage, signs of osteoarthritis, or angles of the hip socket. Submitted reports have not identified any specific symptoms, clinical findings, or x-rays results consistent with FAI, a predominantly developmental abnormality. There were no acute injury, flare-up of symptoms, or red-flag conditions reported for this chronic knee injury of 2005 as the patient was deemed full duty without restrictions on report of 6/14/13, a month

earlier. Criteria for MR Arthogram have not been met; therefore, consultation for hip specialist is not warranted. The consultation/ treat with [REDACTED] (hip specialist) is not medically necessary and appropriate.