

Case Number:	CM13-0027484		
Date Assigned:	12/18/2013	Date of Injury:	08/01/2012
Decision Date:	02/27/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/23/2013

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 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 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:

The patient is a 37-year-old female with a remote history of right hip injury while she was in police academy. He she was seen on referral on 08/22/2013 by [REDACTED] a hip specialist, after an MRI detected a labral tear in her right hip. At the time of the evaluation, the patient's primary question was whether to undergo surgery for her right hip problems. The patient is also treating for a low back injury and there is a question at this time which injury to treat first. [REDACTED] physical examination of the right hip on 08/22/2013 was positive for only 90° of flexion and some discomfort in the anterior aspect of the hip. The patient also had a positive Faber test and positive Ganz test. MRI of the right hip performed 06/11/2013 have the following findings: Joint fluid is physiologic. The ligamentum tares and transverse acetabular ligament are intact. There is tearing of the anterior superior portion of the labrum with possible 8 mm paralabral cyst. High-grade chondral fissuring and delamination was noted at the anterosuperior acetabular cartilage measuring 8 mm in AP dimension. There is no morphologic features of primary femoral acetabular impingement. The visualized quadriceps, hamstrings, hip flexors, hip external rotator, gluteal and abductor tendons are intact.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Arthrogram of the right hip: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic), Arthrography.

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

Decision rationale: MR arthrogram is recommended by the Official Disability Guidelines for evaluation of a labral tear in the hip. In addition, MR arthrogram is much more definitive for detecting most pathology of the hip joint. It is typically not ordered as an initial examination due to the invasive component of the test, but reserved as a secondary test when other pathology is suspected. In light of the patient's remote history of right hip injury and lack of symptoms in the right hip until recently, it is reasonable to suspect other pathology may be present in addition to the labral tear detected by the plain MRI. MR arthrogram of the right hip is medically necessary to evaluate this patient prior to surgery.