MAXIMUS Federal Services

Case Number:	CM13-0031768		
Date Assigned:	12/04/2013	Date of Injury:	09/04/2006
Decision Date:	07/28/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/04/2013

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 Orthopedic Surgery and is licensed to practice in Texas. 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:

The injured worker is a 48-year-old male with a reported date of injury on 09/04/2006. The mechanism of injury was a trip and fall down a flight of stairs. His previous treatments were noted to include a home exercise program and medications. His diagnoses were not submitted within the medical records. The progress note dated 09/20/2013 revealed the injured worker complained of pain to the hip. The physical examination revealed a loss of range of motion and gross pain with internal and external rotation. The injured worker had noted pain with weight bearing and there was no gross crepitation; however, that type of range of motion caused pain and may be a vibratory pain from metal to metal. The request of authorization form was not submitted within the medical records. The request is for MR Arthrography; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MR ARTHROGRAPHY OF THE LEFT HIP BETWEEN 9/23/14 AND 11/7/13: 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), Hip and Pelvis.

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, MRI.

Decision rationale: The request for an MR Arthrography of the left hip between 09/23/2014 and 11/07/2013 is non-certified. The injured worker complained of hip pain and has a loss of range of motion and gross pain with internal/external rotation and weight bearing. The Official Disability Guidelines state that the accuracy of an MRA appears to be superior to an MRI detecting acetabular labral tears and the guideline criteria for an MRA is for labral tears, unless optimized hip protocol and MRI with 3.0-T magnets. There is a lack of documentation regarding a recent, adequate, and complete assessment of the left hip. Additionally, the provider's rationale was not submitted within the medical records to warrant the need for an MR Arthrography. As such, the request is non-certified.