

<b>Case Number:</b>	CM13-0047406		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/19/2010
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 60 year-old male with a date of injury of 11/19/2010. According to report dated 09/09/2013 by [REDACTED], the patient has been referred to his office for possible right hip arthroplasty. The patient complains of constant pinching, aggravation-type pain in his right hip. The pain is rated as 5-6/10. Examination reveals no ecchymosis, bruising or discoloration. There is appearance of muscular symmetry. Gait inspection demonstrates Antalgic gait. There is tenderness on palpation at ASIS, TFL proximal and distal, greater trochanter and groin/inguinal. X-rays taken this day revealed mild degenerative narrowing of the joint space, unchanged from 06/26/2013. The physician discussed surgical options with patient. The physician is requesting and MRI of the right hip without contrast, 1.5 tesla or greater.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI scan of the right hip without contrast, 1.5 tesla or greater:** 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, MRI

**Decision rationale:** The patient presents with right hip pain. The patient was referred to treating physician on 09/09/2013 for possible right hip arthroplasty. Medical records reveals on 08/07/2013 there was an arthrogram of the right hip which states successful and uneventful right hip arthrogram and injection procedure pre-right hip magnetic resonance imaging. MRI of the right hip on 08/07/2013 revealed low grade superficial irregularity of the labrum without gross displaced labral tear. The ACOEM and MTUS guidelines do not address MRI for the hip/pelvic but ODG guidelines support MRI's for soft tissue issues, osteonecrosis, occult and stress fractures, r/o tumors or infection, etc. However, this patient already had an MRI with contrast. The prior treating physician performed an MR arthrogram of the right hip on 08/07/2013 as described above. It is not known why another set of MRI is requested. There is no reason to repeat the studies. Recommendation is for denial.