

Case Number:	CM13-0054746		
Date Assigned:	12/30/2013	Date of Injury:	07/01/2012
Decision Date:	03/17/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/19/2013

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, has a subspecialty in Pain Management 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 is a female patient with a date of injury of July 1, 2012. The utilization review determination dated November 6, 2013 recommends non certification for magnetic resonance imaging for any joint of the lower extremity with contrast. A progress report dated August 9, 2012 identifies subjective complaints of left hip pain. She denies any numbness or weakness. The pain is rated as 8/10 at the worst. She underwent an MRI on July 18, 2012 with identification of a femoral neck fracture. Physical examination identifies antalgic gait with crutches and difficulty with weight bearing on the left. Hip examination reveals difficulty straightening the leg on the left with no active range of motion of the left due to pain diagnosis includes a left femoral neck fracture with acetabular tear, and tear of gluteus minimus tendon with edema of the sciatic nerve. The treatment plan recommends a SPECT scan and a CT scan of the hips with reconstruction to better delineate the fracture. The note indicates that the physician explained to the patient that "she could displace the fracture which would require internal fixation. There is also a rare possibility of developing a nonunion or avascular necrosis of the femoral head. With regard to the labral tear, if she remains symptomatic after the fracture has healed she may require a hip arthroscopic procedure. She was asked to ambulate with 2 crutches and keep the weight off the left hip except for touch down weight bearing." A progress report dated October 24, 2013 indicates that the patient underwent an MRI of her left hip without contrast on April 29, 2013. There was no evidence of a fracture at that time, but a mild graded tear of the left gluteus medius was noted with no mention of a labral tear. Physical examination identifies full extension of the left hip with some pain localized over the lateral aspect of the hip. Palpation of the greater trochanter area revealed that the hip itself seems to be painless, but deep and posterior there is some tenderness. The treating physician's discussion states, "the pain generated by the typical maneuver for a labral tear testing is localized over the lateral aspect of

the hip and not as much in the groin. In summary, I do not think the patient needs an MRI arthrogram of her left hip to truly document the labral tear (gold standard for diagnosis of this type of injury). This imaging study is especially important in the context of the possibility of an abductor tendinitis, secondary to gluteus minimus partial tear. If the MRI arthrogram documents the labral tear in the patient has significant symptoms, a referral is recommended. The note goes on to describe that in regards to the April 2013 MRI, "there is mention of the possibility of a label terror, but that this diagnosis is not really supported by the imaging study and is more of a presumed diagnosis made on the basis of an MRI of the left hip without contrast on July 18, 2012." An MRI dated April 29, 2013 includes an impression stating no evidence of a fracture, mild grade tearing of the left gluteus minimus, the tendon and muscle are atrophied. The findings section identifies, "the left anterior labrum is torn." An addendum of the MRI of the left hip performed on April 29, 2013 identifies, "labral tear identified on the current study we not present previously.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance(EG, Proton) Imaging, any Joint of Lower Extremity, with Contrast Material: 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 & Pelvis Chapter, MRI (Magnetic Resonance Imaging), Arthrography. Other Medical Treatment Guideline or Medical Evidence: OFFICIAL DISABILITY GUIDELINES: Minnesota .

Decision rationale: Regarding repeat imaging, Official Disability Guidelines: Minnesota state that repeat imaging of the same views of the same body part with the same imaging modality is not indicated except as follows: to diagnose a suspected fracture or suspected dislocation, to monetary therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment, to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings, to evaluate a new episode of injury or exacerbation which in itself would warrant an imaging study, when the treating healthcare provider and a radiologist from a different practice have reviewed a previous imaging study and agree that it is a technically inadequate study. Within the documentation available for review, it appears the patient has undergone numerous imaging studies previously. It is acknowledged that orthography is the gold standard for the diagnosis of labral tears due to high sensitivity. However if a labral tear has already been identified on alternative imaging, then orthography would be unnecessary. An MRI dated April 2013 identifies a labral tear. The addendum to that report more definitively identifies a labral tear. An MRI in 2012 also showed a labral tear. The requesting physician seems to indicate that he is requesting a repeat MRI to identify whether a labral tear is present. He seems to indicate that the identification of a labral tear on the April 29, 2013 MRI was "more of a presumed diagnosis made on the basis of an MRI of the left hip without contrast on July 18,

2012." A labral tear has clearly been identified on the most recent MRI. Therefore, it is unclear why repeat imaging would be necessary. Additionally, there is no documentation of any change in the patient's complaints or physical examination findings, or a new injury or recent exacerbation for which repeat imaging of the same body part would be indicated. As such, the currently requested "magnetic resonance (e.g., proton) imaging, any joint of lower extremity, with contrast material" is not medically necessary.