

Case Number:	CM13-0058436		
Date Assigned:	02/03/2014	Date of Injury:	06/17/2013
Decision Date:	06/11/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/27/2013

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 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 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:

This is a 67-year-old female who sustained injury to her left hip on 06/17/2013 while she was pulling irrigation lines and fell. Treatment history includes physical therapy, injections, exercises, and medications including Ibuprofen and tizanidine. Diagnostic study includes MRI of the left hip dated 07/30/2013 that showed findings compatible with a tear of the anterior labrum on the left. Greater trochanteric bursal fluid left more than right with gluteus medius muscle strains. MRI of the lumbar spine dated 07/30/2013 showed mild degenerative changes of the lumbar spine. A progress note dated 11/05/2013 indicates she presented for orthopedic reassessment of her left hip. She reported there has been absolutely no change from the injection into the trochanteric area in September. She still continued to complain of pain mostly at the trochanteric area radiating into the groin region. Examination revealed the full range of motion of hip without any major pain or discomfort. There was some tenderness still present on the trochanteric area of the hip. Treatment plan was MRI with gadolinium contrast arthrogram to get a better visualization of the labral structures of the hip to determine whether or not surgery is indicated for the hip and that surgery would most likely be an arthroscopic procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI ARTHROGRAM OF THE LEFT HIP: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The CA MTUS guidelines do not address the issue in dispute and hence ODG have been consulted. As per the ODG, "arthrography is recommended for suspected labral tears." As per the records submitted, this patient reports persistent left hip pain despite trial of conservative care including medications, physical therapy, injection, and exercises. The physical exam dated 11/05/2013 was very limited with only documentation of some tenderness present on the trochanteric area of the left hip. It was noted that there was full range of motion without any major pain or discomfort. The provider has requested MRI arthrogram to get better visualization of the labral structures of the hip and to determine whether or not surgery is indicated; however, it is unclear why an MRI arthrogram of the left hip is needed when there is already an MRI done on 07/30/2013 that showed tear of the anterior labrum on the left. Additionally, there is not sufficient documentation of objective findings including positive Impingement test or Patrick/Faber test that would help identify a labral tear. Hence, the request for MRI arthrogram of the left hip is not medically necessary and appropriate. Thus, the request is not medically necessary.