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| Case Number: | CM13-0062921 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 08/16/2013 |
| Decision Date: | 05/12/2014 | UR Denial Date: | 11/22/2013 |
| Priority: | Standard | Application Received: | 12/09/2013 |

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 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 claimant is a 54 year old male who sustained an industrial injury to his left knee on 8/16/13. The claimant has complaints of anterior knee pain and mild left thigh pain. An exam note from 11/7/13 demonstrates pain aggravated by weightbearing activities. Exam demonstrates slight limp during stance on the left with limited left hip range of motion. Range of motion of the left hip demonstrated flexion of 120 degrees, abduction at 50 degrees and external rotation at 40 degrees and internal rotation at 10 degrees. The patient has the diagnosis of possible early osteoarthritis with acetabular labral tear or early degenerative joint change, left hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR ARTHROGRAM LEFT HIP: 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

Decision rationale: The California MTUS/ACOEM is silent on the issue of MR arthrography. Per the Official Disability Guidelines, MR arthrography is recommended for suspected labral

tears. In this case, the claimant sustained an industrial left knee injury and the mechanism is not consistent with a labral tear of the hip. In addition, the examination from 11/7/13 does not demonstrate examination consistent with left hip labral tear. As such, the request is noncertified.