

Case Number:	CM13-0068377		
Date Assigned:	01/03/2014	Date of Injury:	03/19/2009
Decision Date:	05/22/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/19/2013

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 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 41 year-old female who reported an injury on 03/19/2009 and the mechanism of injury was a twisting hip injury. The current diagnoses are enthesopathy of hip region and other symptoms referable to joint of pelvic region and thigh. The clinical note dated 11/14/2013 indicated that the injured worker had received a right hip twisting injury in 2009 while performing her normal work duties. The injured worker had no previous hip or back complaints. The injured worker indicated that she had posterolateral hip pain and radiating pain into the anterior thigh that has worsened over time. The initial treatment included rest, ice, anti-inflammatories, and activity modification as well as physical therapy without significant improvement. The injured worker was having difficulty with long periods of sitting as well as getting in and out of a sitting or deep crouched position. She had tried physical therapy without improvements thus far and was frustrated by the lack of progress and ability to get back to normal daily exercise program. The physical examination indicated she walked with a slight antalgic gait of the right hip. The right hip range of motion was 0/110 degrees, internal rotation 15 degrees and external rotation 55 degrees. The exam indicated a positive impingement sign and positive Faber test. There was tenderness to palpation over the greater trochanter with a positive Ober test and some weakness on gluteal testing compared to the opposite side. Normal sensation was indicated to light touch distally. An unofficial x-ray reportedly revealed no joint space narrowing and there was slight over coverage of the femoral head. The current request is for a right hip (high field, non- contrast) MRI dated 11/23/2013 that the physician requested to rule out gluteal tendon tears or symptomatic labral tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT HIP (HIGH FIELD, NON CONTRAST) MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Low Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CM13-0068377

Decision rationale: The Official Disability Guidelines recommend an MRI of the hip to evaluate for osseous, articular or soft-tissue abnormalities, osteonecrosis, occult acute and stress fracture, acute and chronic soft-tissue injuries and tumors. Exceptions for MRI include suspected osteoid osteoma and labral tears. The injured worker is noted to have continued right hip pain despite conservative care to include physical therapy, medications, activity modification and rest. Initial x-rays revealed no joint space narrowing. The physician has recommended the injured worker undergo an MRI to rule out a labral tear or gluteal tear. However, Official Disability Guidelines do not recommend an MRI to assess for labral tear. Therefore, the request for a right hip (high field, non-contrast) MRI is not medically necessary and appropriate.