

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0002165 | | |
| Date Assigned: | 01/24/2014 | Date of Injury: | 10/30/2012 |
| Decision Date: | 06/10/2014 | UR Denial Date: | 12/19/2013 |
| Priority: | Standard | Application Received: | 01/07/2014 |

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 Occupational Medicine 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 applicant has filed a claim for chronic hip pain reportedly associated with an industrial injury of October 30, 2002. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and extensive periods of time off of work. In a Utilization Review Report dated December 29, 2013, the claims administrator denied a request for a three dimensional CAT scan of the hip for postoperative planning purposes. It was stated that the applicant had already had earlier computed tomography (CT) scanning and MR arthrography of the injured hip, although the claims administrator did not say what the results of said testing were. A January 13, 2014 progress note is notable for comments that the applicant was presenting for preoperative evaluation prior to a planned hip arthroscopy on January 16, 2014, at which point a labral tear and acetabuloplasty were planned. The applicant was placed off of work, on total temporary disability, for eight weeks and asked to pursue physical therapy and continuous passive motion in the interim. On January 23, 2014, the applicant was described as having undergone surgery to repair torn labrum eight days prior. The applicant was using crutches and reportedly healing well as of that point. An earlier note of July 17, 2013 was notable for comments that the applicant had persistent hip pain associated with a torn labrum. The applicant was asked to pursue physical therapy, return in six weeks, and pursue an operative remedy if still having complaints. An earlier note of February 22, 2013 was notable for comments that the applicant had earlier MRI imaging of the hip and was told she had a labral tear. An MR arthrogram of the hip of May 22, 2013 was reviewed and notable for a tear of the anterior and superior labrum. A CT scan of the hip dated March 22, 2013 was interpreted as normal, with no evidence of impingement.

IMR ISSUES, DECISIONS AND RATIONALES

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

3D (THREE DIMENSIONS) CT SCAN RIGHT HIP FOR PREOPERATIVE PLANNING: 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), Work Loss Data Institute, LLC, Hip & pelvis (acute & chronic) (updated 12/9/2013).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM PRACTICE GUIDELINES, THIRD EDITION, HIP AND GROIN CHAPTER, CT SCANNING SECTION.

Decision rationale: The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines, routine computed tomography (CT) scanning is not recommended for evaluating acute, subacute, or chronic hip pain. In this case, the applicant had already had prior CT scanning of the hip, which was negative. An earlier MR (magnetic resonance) arthrography of the hip was notable for a labral tear. It was unclear why 3D scanning of the hip was being sought as the applicant already had a definitively established diagnosis of labral tear, clinically evident and radiographically confirmed. Ultimately, the applicant in fact underwent hip arthroscopy to repair/debride the torn labrum without the proposed 2D CT scan. Three dimensional CT imaging of the hip would not have been influenced or alter the treatment plan as the applicant ultimately underwent a surgical remedy without undergoing the 3D CT scan in question. Therefore, the request is not medically necessary, for all of the stated reasons.