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| <b>Case Number:</b>   | CM14-0106007 |                              |            |
| <b>Date Assigned:</b> | 07/30/2014   | <b>Date of Injury:</b>       | 04/18/2012 |
| <b>Decision Date:</b> | 10/07/2014   | <b>UR Denial Date:</b>       | 06/17/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/09/2014 |

### 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 Physical Medicine & 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 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:

According to the Official Disability Guidelines, a hip MR arthrogram is recommended for suspected labral tears. It states: "Arthrography gains additional sensitivity when combined with CT in the evaluation of internal derangement, loose bodies, and articular cartilage surface lesions. (Colorado, 2001) Magnetic resonance (MR) arthrography has been investigated in every major peripheral joint of the body, and has been proven to be effective in determining the integrity of intraarticular ligamentous and fibrocartilaginous structures and in the detection or assessment of osteochondral lesions and loose bodies in selected cases. A combination of MR arthrography and a small field of view is more sensitive in detecting labral abnormalities than is conventional MRI with either a large or a small field of view. The injured worker had an MR arthrogram done on 8/5/2013 that showed a labrum tear but no fracture, dislocation, or osteonecrosis of the right hip. No loose body was noted. Right hip joint space and articular cartilage were preserved. The ligamentum trees, transverse acetabular ligament, iliofemoral ligament, and ischiofemoral ligament were intact. The progress note 8/14/13 comments that the MR arthrogram of the right hip showed definite labral tear. On 6/6/2014, the treating physician requested another right hip MR arthrogram. However, there was no documentation of new or worsening symptoms in the right hip and no documentation stating why a repeat MR arthrogram is warranted. Therefore, an MR arthrogram of the right hip is not medically necessary at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Re-Evaluation of the Right Hip with Orthopedic Surgeon: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 127

**Decision rationale:** On 6/6/2014, the treating physician evaluated the injured worker and recommended that he see an orthopedic surgeon regarding his right hip pain. In the progress report, treating physician documented the pain in the right hip was constant and on a pain scale was noted to be 5/10. There is no documentation of specific changes in the symptoms of the right hip except that the injured worker's overall condition had improved by 20% since the previous visit. The injured worker was previously evaluated by an orthopedic surgeon on 1/15/2014 for right the hip pain and at that time was diagnosed with atypical nonfocal right hip pain without obvious periarticular or infra-articular hip pathology. The orthopedic surgeon did not recommend an arthroscopic exam at that time and did not schedule any follow up appointments. He stated the following regarding the injured patient: "based on his constellation of symptoms, his non focal exam, and his essentially normal MRI findings, he is unlikely to be helped by arthroscopy." According the guidelines referenced above regarding referrals, the treating physician may refer to other specialists, in this case an orthopedic surgeon, if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In the documentation, there is no clear reason provided for the request for re-evaluation of the right hip by the orthopedic surgeon. Therefore a re-evaluation by the orthopedic surgeon of the right hip is not medically necessary at this time.

## **Physical Therapy 2 x 4- Right Hip: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** In the submitted records, it is documented that the injured worker had physical therapy right after his injury in 2012 but does not document what treatment he received or the outcome of the therapy such as improvement in pain symptoms or function. The Chronic Pain Medical Treatment Guidelines under physical medicine states: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Furthermore it states that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Due to lack of documentation regarding the previous physical therapy treatments received, additional physical therapy 2x4 for the right hip is not medically necessary.

## **Aquatic Therapy 2 x 4 - Right Hip: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines states the following regarding aquatic therapy: "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." On the progress report dated 6/6/14, the treating physician requested a total of 8 sessions of aquatic therapy of the right hip but there is no clinical evidence that the injured worker is not able to do land-based physical therapy or that reduced weight bearing is recommended. There is insufficient documentation to support the need for aquatic therapy. Therefore, aquatic therapy 2x4 for the right hip is not medically necessary.

## **MRI Arthrogram- Right 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 (ODG) Hip and Pevis, Hip Arthrography

**Decision rationale:** According to the Official Disability Guidelines, a hip MRI arthrogram is recommended for suspected labral tears. It states: "Arthrography gains additional sensitivity when combined with CT in the evaluation of internal derangement, loose bodies, and articular cartilage surface lesions. Magnetic Resonance Imaging (MRI) arthrography has been investigated in every major peripheral joint of the body, and has been proven to be effective in determining the integrity of intraarticular ligamentous and fibrocartilaginous structures and in the detection or assessment of osteochondral lesions and loose bodies in selected cases. A combination of MRI arthrography and a small field of view is more sensitive in detecting labral abnormalities than is conventional MRI with either a large or a small field of view. The injured worker had an MRI arthrogram done on 8/5/2013 that showed a labrum tear but no fracture, dislocation, or osteonecrosis of the right hip. No loose body was noted. Right hip joint space and articular cartilage were preserved. The ligamentum trees, transverse acetabular ligament, iliofemoral ligament, and ischiofemoral ligament were intact. The progress note 8/14/13 comments that the MRI arthrogram of the right hip showed definite labral tear. On 6/6/2014, the treating physician requested another right hip MRI arthrogram. However, there was no documentation of new or worsening symptoms in the right hip and no documentation stating why

a repeat MRI arthrogram is warranted. Therefore, an MRI arthrogram of the right hip is not medically necessary at this time.