MAXIMUS Federal Services

Case Number:	CM14-0124959		
Date Assigned:	08/13/2014	Date of Injury:	01/25/2009
Decision Date:	10/01/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/07/2014

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 Physical Medicine and Rehabilitation, and Pain 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 injured worker is a 49-year-old female who reported an injury on 01/25/2009. The mechanism of injury reportedly occurred when she slipped on a piece of ice and her left leg went forward while her right leg went backward and to the side. Past treatments included physical therapy, diagnostic imaging. The diagnostic studies were noted to include x-ray of cervical spine on 04/04/2011, x-ray of the low back on 04/04/2011, x-ray of the right knee on 04/04/2011, and MRI of the thoracic spine, which were all normal. An x-ray of the right shoulder on 04/04/2011 showed mild widening of the AC joint and erosion, greater tuberosity. The MRI of the right knee on 03/21/2009 and 12/08/2009 revealed effusion. The electrodiagnostic test on 3/15/2012 showed mild right carpal tunnel syndrome and tardy palsy. Urine drug test on 04/23/2014 was positive for Norco. Surgical history was noted to include right shoulder decompression, right cuff repair, SLAP repair and chondroplasty, date not specified. The injured worker had a right knee video arthroscopy, date not specified. On 12/03/2013, the Qualified Medical Evaluation Report with Psychological Test Results and Review of Records was done. The report was 48 pages long and was the only documentation received to review. The injured worker stated she received information that her right knee required surgery, although it was not approved on her Workers' Compensation. On 02/14/2010, the injured worker returned to work with restrictions, and on the first day she reinjured her rotator cuff. She remained off work until 02/2013. The injured worker underwent a second surgery for her right rotator cuff in 12/2012. She was traumatized and feeling she could not breathe and does not want another surgery. She has received cortisone injections for her right shoulder and knee. She returned to work in 02/2013, working decreased hours. She fell at work on 11/05/2013, at which time she was informed she could no longer work at all. She has not worked since the fall of 11/05/2013. A. In 1992, the injured worker tripped and fell in an apartment building where she was living. The injured

worker recalled she tore her right knee meniscus which required surgery. In 2004, she sustained injuries to her neck and low back when she was involved in another motor vehicle accident. In 2007, she sustained injuries to her neck, back, and right shoulder in a third motor vehicle accident. In 2007, she sustained injuries to her neck and left shoulder when she was involved in a fourth motor vehicle accident and she received physical therapy. In 1985, the injured worker was involved in a motor vehicle accident; she sustained injuries to both of her shins as well as head trauma. She was treated with a course of physical therapy and made a full recovery. She received physical therapy with the accident in 2004 and both accidents in 2007. On 08/29/2010, she suffered a slip and fall accident while walking in the street, injuring her left shoulder, left knee, and left thumb. She was treated with pain medication. In 2011, she suffered a bad fracture to her left ankle when her foot became caught on an uneven surface. She underwent surgery and received 16 weeks of physical therapy. She also received home health care after spending 3 weeks in the hospital. In 1988 or 1989, the injured worker sustained a low back injury. On 10/04/2008, she sustained a laceration to her left index finger. In 2010 the patient stated she was carrying some heavy plates and heard a pop in her right shoulder for which she received trigger point injections, which helped relieve her symptoms over the biceps tendon. There is no other information provided within the documentation submitted for review. Request is for right hip MR arthrogram. Rationale was not provided. The Request for Authorization was not submitted within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Hip MR Arthrogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis (Acute & Chronic) (updated 03/25/2014) Indications for Imaging

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

Decision rationale: The request for right hip MR arthrogram is not medically necessary. The injured worker has a history of hip pain. The Official Disability Guidelines (ODG) recommended for suspected labral tears. A strong correlation was seen between participant age and early markers of cartilage degeneration such as cartilage defects and subchondral cysts. Arthrography gains additional sensitivity when combined with CT in the evaluation of internal derangement, loose bodies, and articular cartilage surface lesions. Magnetic resonance 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. There is lack of documentation as to the necessity for request. The documentation submitted was for psychological information and does not discuss a right hip MR Arthrogram. As such, the request is not medically necessary.