

Case Number:	CM14-0172787		
Date Assigned:	10/23/2014	Date of Injury:	08/22/2011
Decision Date:	12/02/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/20/2014

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 is licensed to practice in Connecticut. 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 54 year old female who reported an injury on 08/22/2011. The mechanism of injury was not specified. Her relevant diagnoses were noted to include right hip strain. Past treatment was noted to include physical therapy and medications. On 09/22/2014, it was noted that the injured worker had complaints of pain to her right hip and denied any instability or crepitus. Upon physical examination, it was noted that the injured worker had limited range of motion and intact sensation to her right hip. Her medications were not included in the documentation. The treatment plan was noted to include an MRI arthrogram of the right hip. A request was received for an MR arthrogram of the right hip to rule out a labral tear. A Request for Authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR Arthrogram of Right Hip to R/O Labral Tear: 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), Hip and Pelvis: Arthrography

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 MR Arthrogram of right hip to rule out labral tear is not medically necessary. According to the Official Disability Guidelines, arthrography is recommended for suspected labral tears. Pain at the front of the hip, locking, clicking, stiffness, and instability are indicative of labral tears to the hip. The injured worker had pain to that region but specifically denied any clicking or catching. There was a lack of documentation demonstrating the injured worker has physical examination findings consistent with pathology to the hip. In the absence of the physical symptoms of labral tears to the hip, the request is not supported by the guidelines. As such, the request is not medically necessary.