

Case Number:	CM14-0176230		
Date Assigned:	10/29/2014	Date of Injury:	03/25/2008
Decision Date:	12/05/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/23/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 50-year-old female with a 3/25/08 date of injury. According to a progress report dated 9/24/14, the patient continued to experience pain in the right hip and right leg, which she described as a shooting stabbing pain. She also complained of pain in the left knee, outer left foot, and neck pain. She rated her pain as a 7/10. An MRI of the right hip dated 12/18/09 revealed a linear tear vs. postoperative change of the superior labrum anteriorly. The provider has ordered a right hip MRI to evaluate for any new or worsening structural abnormalities causing the patient's ongoing right hip pain. Objective findings: antalgic gait, moderate tenderness to palpation of cervical and lumbar paraspinal muscles, limited range of motion of right hip, mild to moderate tenderness throughout knee. Diagnostic impression: chronic right hip pain, status post arthroscopic surgery for labral tear, right lateral femoral cutaneous neuropathy, possible lumbar radiculopathy, right knee pain, cervical strain. Treatment to date: medication management, activity modification, physical therapy, chiropractic treatment. A UR decision dated 10/6/14 denied the request for repeat right hip MRI. The patient most recently underwent a CT of the right hip on 3/12/13. Since that time, there has been no evidence of any functional decline or significant change in the hip condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Right Hip MRI: 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 chapter

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 Pelvis Chapter - MRI

Decision rationale: CA MTUS does not address this issue. ODG criteria for hip MRI include osseous, articular or soft-tissue abnormalities; Osteonecrosis; Occult acute and stress fracture; Acute and chronic soft-tissue injuries; Tumors; Exceptions for MRI; Suspected osteoid osteoma; or Labral tears. However, in the present case, an MRI of the right hip dated 12/18/09 revealed a linear tear vs. postoperative change of the superior labrum anteriorly. There is no documentation of any significant changes in the patient's condition on physical exam or subjective complaints, and no red flags, to support the medical necessity for a new MRI. In addition, there is no documentation that the patient has had a failure of conservative measures of treatment. Therefore, the request for Repeat Right Hip MRI was not medically necessary.