

Case Number:	CM14-0023435		
Date Assigned:	06/11/2014	Date of Injury:	12/03/2012
Decision Date:	07/15/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	02/25/2014

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 Texas and Oklahoma. 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 46-year-old male who reported an injury on 12/03/2012 due to a fall. The MRI dated 12/12/2013 of the hip without contrast was unremarkable. The clinical note dated 02/06/2014 noted the injured worker presented with pain in the left hip, left rib, and right ankle. There was weakness with walking and standing, and the pain was rated at a 4/10 and described as sharp and throbbing. Prior therapy included medication management. Upon exam of the hip, the gait was normal, no sign of deformity, no sign of flexion contracture, strength was a 5/5, range of motion is within normal limits, normal sensation bilaterally, and there was a negative bilateral straight leg raise. Diagnosis was left hip/pelvic pain. The provider recommended an MRI arthrogram of the left hip with dye; the provider wants to rule out a labral tear. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI ARTHROGRAM OF THE LEFT HIP W/DYE (JOINT OF LOWER EXTREMITIES): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for a MRI arthrogram of the left hip w/dye (joint of lower extremities) is non-certified. The Official Disability Guidelines recommend arthrography for suspected labral tears. Arthrography means additional sensitivity when combined with CT in the evaluation of internal derangement, loose bodies, and articular cartilage surface lesions. There is a lack of documentation indicating positive provocative testing indicating pathology for the hip to support the necessity of the requested imaging. There is lack of functional deficits and as such, the request is not medically necessary.