MAXIMUS Federal Services

Case Number:	CM14-0035780		
Date Assigned:	06/23/2014	Date of Injury:	12/28/2006
Decision Date:	08/08/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/24/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 patient is a 40-year-old female who sustained a work related injury on December 28, 2006 as a result of a slip and fall in which she pulled her right groin and resulted in a fractured pelvis. Since then her pain progressively worsened to the point of having to undergo arthroscopies of both hips. However, her pain continued to progress and ultimately requiring a right total arthroplasty on 06/04/13; following the previous year when she underwent a left hip total arthroplasty. A surgical follow-up evaluation on July 17, 2013 found the patient to have equal leg lengths and early response to the implants suggestive of biologic ingrowth. Radiographs obtained on November 15, 2013 as part of follow-up evaluation of her right hip arthroplasty demonstrated equal leg lengths and well-fixed, well-aligned component Stryker ADM. However, following her right arthroplasty, she continues to experience right hip difficulty with significant pain that is described as throbbing, prickling and rated 3-5/10 on the 1 to 10 scale. The pain increases upon prolonged standing or walking, sleeping, bending to put on her shoes which radiates to the right knee. She also is noted to have an 'antalgic gait, dec hip flex / ext t/o cycle' with tenderness at the incision site and the global right hip. She would eventually report a decrease in her pain following course of post-operative physical therapy that was extended in treatment length into early 2014. During a follow-up evaluation on November 15, 2013, the patient reported experiencing left hip pain attributed to her history of hip dysplasia and possible chondral labral pathology. On a PR-2's dated 12/04/2013, 01/13/2014, her left hip pain is attributed 'as compensable consequence due to long-term gait derangement' with the only documented objective finding is 'R Hip: Incision healed, SL. LLD (R>L). She also started to express pain in the left hip during her physical therapy around the same time frame with the pain progressing and overtaking the pain in her right with it radiating to her back and is worsened at night. The patient's orthopedic surgeon, on February 19, 2014, released her to go back to work,

with restrictions associated with lifting weight and range of motion. There is no mentioning of left hip discomfort on the report submitted. However, on the PR-2 from her primary treating physician dated 02/17/2014 is a complaint of left hip discomfort with the following objective findings: 'L Hip: decreased, painful ROM'. In dispute is a decision for a MRI Arthrogram of the left hip with gadolinium.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Arthrogram Left Hip with gadolinium: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute Online Official Disability Guidlines Treatment in Worker's Comp Integrated Treatment/Disability Duration Guidelines. Hip and Pelvis (Acute&Chronic).MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Radiology Appropriateness Guidelines; MRI Hip and Pelvis Practice Guideline.

Decision rationale: Hip MRI Arthrogram with gadolinium: For specific hip and pelvis disorders, IV contrast may be useful. Contrast enhancement suggests femoral head viability in Legg-Perthes disease and femoral neck fractures and may predict future risk of osteonecrosis after closed reduction of developmental hip dysplasia. IV contrast can also aid in the diagnosis of hip joint synovitis, pelvic infections, tendon degeneration, and tumors, and it may play a role in the evaluation of the interface surrounding hip prosthesis components following hip arthroplasty with suspected soft tissue or periprosthetic abnormalities. MRI arthrography is beneficial for evaluating internal hip derangements and sports injury. The MRI diagnosis of labral, articular cartilage, and joint capsule abnormalities in the hip is enhanced by the addition of intra-articular contrast and may be superior to conventional small FOV MRI in the evaluation of labral tears. For the hip joint, MRI arthrography is usually performed following direct, imaging-guided, intra-articular injection of dilute gadolinium-based contrast or saline. While indirect MRI arthrography is also possible for hip imaging, because of the size of the joint a delay after IV contrast administration is necessary to allow adequate contrast diffusion into the joint. Indirect MR arthrography may be more sensitive for labral tears but may not improve diagnosis of chondral abnormalities compared to non-arthrographic MRI. Although MRI arthrogram is the imaging study of choice in patients who have undergone previous arthroplasty of the hip, in this case, the patient had previously undergone surgical intervention that was beneficial to the left hip until she underwent surgery for her right hip which lead to the patient experiencing possible compensation and pain of the left hip. There is a discrepancy between what is reported to her primary treating physician (PR-2 dated 02/17/2014) and her orthopedic surgeon (February 19, 2014). Additionally, the primary treating physician's physical examination, as documented, is woefully inadequate in evaluating for hip pathology. Although the obtained MRI identified a labral tearing/fraying, a thorough physical examination should have been appropriately documented.

Due to documenting subjective discrepancies between the two treating physicians and the lack of an appropriately documented physical examination requested study is not medically necessary.