

<b>Case Number:</b>	CM14-0046582		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	06/17/2010
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Nevada. 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 records, presented for review, indicate that this 43-year-old female was reportedly injured on 6/17/2010. The mechanism of injury was noted as a twisting injury. The most recent progress note, dated 2/20/2014, indicated that there were ongoing complaints of chronic right hip pain. The physical examination demonstrated right hip slight limp on the right leg. Range of motion of the right hip is full. Internal rotation did cause sharp pain in the groin. Mild moderate tenderness was about the lateral hip. Diagnostic imaging studies included a mention of an MRI of the right hip, dated 10/3/2013, which revealed an unremarkable exam. Previous treatment included previous surgery, physical therapy, injections, and medication. A request was made for MR arthrogram of the right hip with and without dye and was not certified in the pre-authorization process on 3/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI arthrogram of the right hip with and without dye:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

**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 (Acute and Chronic) MRI Arthrogram, updated 3/25/2014.

**Decision rationale:** MR arthrogram is recommended for suspected labral tears. Arthrography gains additional sensitivity when combined with CT in the evaluation of internal derangement, loose bodies, and articular cartilage surface lesions. Magnetic resonance (MR) 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. After careful review of the medical documentation provided, there was conflicting data concerning the injured worker's known allergies. One note, dated 3/28/2014, stated the patient has a "severe IODINE ALLERGY," whereas another note, dated 2/20/2014, stated the injured worker has no known drug allergies. With conflicting documentation concerning a significant allergy, this request for this diagnostic study is deemed not medically necessary. It was noted the patient has significant hip pain and a suspected labral tear, which an MR arthrogram would be the most sensitive and specific study to confirm this diagnosis.