

<b>Case Number:</b>	CM14-0063639		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	02/16/2013
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 & Rehabilitation and is licensed to practice in California. 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 62-year-old male who reported an injury on 02/16/2013 due to an unknown mechanism. Diagnoses were chronic pain syndrome, depression, hyperlipidemia, hip joint osteoarthritis, and obesity. Past treatments were not reported. Diagnostics were right hip arthrogram injection. Surgical history was not reported. Subjective complaints were not reported. The objective physical exam on 05/19/2014 revealed the injured worker was taken to the fluoroscopy suite and placed in a supine position on the x-ray table. A pause was held to confirm identity of the injured worker, nature and site of procedures. A fluoroscopic view of the hip joint was obtained, properly oriented, and collimated. The skin was prepped, draped in a sterile fashion, and anesthetized with 1% lidocaine. A 20 gauge, 3.5 inch spinal needle was introduced and directed incrementally into the joint, then injected Omnipaque to confirm intra-articular location of the needle. The Omnipaque spread appropriately within the joint capsule. 9 mL of 1% lidocaine and 2 mL of Kenalog (80 mg) in the hip joint was injected. The needle was removed and a Band-Aid applied to the injection site. Pertinent abnormal findings were mild joint space narrowing was present and subchondral sclerosis was present. There was also mild osteopenia present. The radiographic dye spread evenly within the joint, with no extravasation and the labrum was nicely outlined and did not demonstrate any tears. Medications were simvastatin, Vicodin, and Lodine. There was no treatment plan. There were no rationale or request for authorization submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Hip Arthrogram Injection:** 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 ODG) Hip, Arthrography.

**Decision rationale:** The request for right hip arthrogram injection is non-certified. The Official Disability Guidelines for arthrography state it is recommended for suspected labral tears. Magnetic resonance images of asymptomatic participants with no history of pain, injury, or surgery may reveal abnormalities in 73% of hips, with labral tears being identified in 69% of the joints. A strong correlation was seen between participant age and early markers of cartilage degeneration such as cartilage defects and subchondral cysts. Arthrography gains additional sensitivity when combined with CT in the evaluation of internal derangement, loose bodies, and articular cartilage surface lesions. Magnetic resonance arthrography has been investigated in every major peripheral joint of the body, and has been proven to be effective in determining the integrity of intra-articular ligamentous and fibrocartilaginous structures and the detection or assessment of osteochondral lesions and loose bodies in selected cases. While both MRI and MRA have moderate sensitivity and specificity, diagnostic accuracy of MRA appears to be superior to MRI in detecting acetabular labral tears on ROC curve interpretation. The documents submitted for review were lacking information such as past treatments and medications. There was no medical necessity for this request reported. Therefore, the request is non-certified.