

Case Number:	CM14-0072644		
Date Assigned:	07/16/2014	Date of Injury:	03/26/2009
Decision Date:	09/17/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/19/2014

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 Illinois. 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 58-year-old male who reported twisting his right knee after slipping on 03/26/2009. On 03/07/2014, his diagnoses included ACL tear, status post reconstruction, status post removal of screw, and chronic pain, rule out lumbar disc herniation, and rule out labral tear. The progress note went on to say that although this injured worker had a specific injury to his right knee and had experienced intermittent pain in his right hip since the date of the injury. The rationale for the MRI of the right hip was that there might be a labral tear or other pathologies which need to be looked at with an MRI. There was no request for authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI right hip.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, Hip and Pelvis (updated 03/25/14) MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis, MRI (magnetic resonance imaging).

Decision rationale: The request for MRI right hip is not medically necessary. The Official Disability Guidelines recommend MRI as the most accepted form of imaging for finding avascular necrosis of the hip and osteonecrosis. An MRI is both highly sensitive and specific for the detection of many abnormalities involving the hip or surrounding soft tissues and should in general be the first imaging technique employed following plain films. Exceptions for MRI include labral tears. There was no documentation in this patient's chart of previous plain films of the hip. Since a labral tear is suspected, the clinical information submitted failed to meet the evidence based guidelines for MRI of the hip. Therefore, this request for MRI right hip is not medically necessary.