

Case Number:	CM14-0192946		
Date Assigned:	11/26/2014	Date of Injury:	09/12/2012
Decision Date:	01/23/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/18/2014

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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 30-year-old female with a history of chronic bilateral hip pain for which she had undergone MRI scans in the past. Per AME of June 19, 2014 a right hip MRI of 9/30/2013 revealed minimal posterior spur at the right femoral head, symmetrical compared to the left side and may represent degenerative spurring or congenital variation, unlikely to result in impingement, and otherwise an unremarkable study. Comparison was made to same day left hip MRI. The left hip MRI report of the same date indicated minimal posterior femoral head spur versus tiny congenital abnormality, unlikely resulting in impingement. Findings were symmetrical compared to the right. It was otherwise an unremarkable study. On 2/14/13 an MR arthrogram of the right hip revealed anterosuperior labral findings with differential diagnosis of mucoid labral degeneration versus focal tear filled with granulation tissue preventing contrast interposition, reduced femoral head and neck offset, and an anterosuperior osseous bump placing the patient at increased risk for femoral acetabular impingement. The body of the report indicated increased femoral head/neck alpha angle, no acetabular over coverage detected, no significant articular cartilage abnormalities or additional osseous or soft tissue abnormalities detected. The alpha angle is formed by a line drawn from the center of the femoral head through the center of the femoral neck and a line from the center of the femoral head to the femoral head/neck junction found by the point by which the femoral neck diverges from a circle drawn around the femoral head. The upper limit of normal of the alpha angle is 50-55. On 2/18/2014, a right hip ultrasound was performed which revealed findings positive for capsular distention and positive for trochanteric bursitis. It also indicated findings were negative for capsular thickening, rectus tendinitis, iliopsoas bursitis, gluteus medius bursitis, and tendinitis of the gluteus maximus insertion. The disputed issue pertains to a request for bilateral MR arthrogram of the hips. This was noncertified by utilization review stating that the MR arthrograms were

ordered as screening tests with no rationale or objective findings on examination to support medical necessity. Utilization review further stated that there was no contemplation of surgical intervention necessitating the testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR Arthrogram of the bilateral hips to rule out labral tear: 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 chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Hip and pelvis, Topic: Arthrography; impingement bone shaving surgery

Decision rationale: California MTUS guidelines do not address MR arthrograms or impingement bone shaving surgery of the hip. ODG guidelines indicate MR arthrography of the hip for suspected labral tears. However, MR imaging 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. With the high percentage of false positives, the value of MR arthrograms for identification of the pain source is not established. A strong correlation was seen between participant age and early markers of cartilage degeneration such as cartilage defects and subchondral cysts. MRA appears to be more sensitive than MRI in detecting acetabular labral tears; however, recent reports have shown similar accuracy with MRI when an optimized hip protocol and 3.0T magnets are used. Per latest ODG guidelines, impingement bone shaving surgery is a popular operation in sports medicine but there is little evidence that shaving bone helps. On the basis of early results patients with greater than 2 mm of joint space might expect improvement over preoperative status in pain and function after hip arthroscopy for femoroacetabular impingement. This study concluded that prophylactic surgical treatment of femoroacetabular impingement is not warranted. Based upon these guidelines, and the documentation indicating a prior MR Arthrogram of the right hip performed in 2013, and the incidence of asymptomatic labral tears per guidelines, the medical necessity of the request for bilateral MR arthrography of the hips to rule out a labral tear is not established.