

Case Number:	CM14-0201977		
Date Assigned:	12/12/2014	Date of Injury:	07/18/2006
Decision Date:	01/30/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/03/2014

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, has a subspecialty in Interventional spine 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 patient is a 49 year-old male with a 7/18/2006 date of injury. According to the 10/21/2014 orthopedic report, the patient continues to have pain at the left hip despite exercise, medications, ice, SI joint injections, and trochanteric bursa injections. The exam is still positive with FABEREs and gait is still antalgic. The diagnoses include chronic pain; rule out labral tear, left hip; osteoarthritis lower leg; brachial neuralgia; lumbago; sciatica; thoracic/lumbar/sacral radiculitis. The orthopedists suspected labral tear and requested the left hip MRI with injection/arthrogram. Seven medical reports were reviewed from 5/21/14 through 10/21/14. On 11/11/14 Utilization review denied the MRA stating there needs to be more clinical findings suggestive of a labral tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left hip MRI with injection/Arthrogram: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Arthrography, Hip and Pelvis Procedure Summary

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, for Arthrography

Decision rationale: The patient is a 49 year-old male with a 7/18/2006 date of injury. The orthopedist exhausted conservative care for the left hip, and the patient still has positive FABEREs test and the physician suspects a labral tear and requested an MRA of the left hip. This request is for left hip MRI with injection/arthrogram. MTUS Chronic Pain Medical Treatment Guidelines did not discuss arthrography of the hip. ODG guidelines were consulted. ODG-TWC guidelines Hip and Pelvis chapter online, for Arthrography, states: Recommended for suspected labral tears. While both MRI (0.5-3T) and MRA (0.5-3T) have moderate sensitivity and specificity (sensitivity 66%, 87%; specificity 79%, 64%), diagnostic accuracy of MRA appears to be superior to MRI in detecting acetabular labral tears on ROC curve interpretation. The available medical reports document that the patient has tried and failed conservative care for the hip including medications, therapy, SI injections and bursa injections. There are still clinical signs of internal derangement with positive FABEREs, and the orthopedists suspects a labral tear. ODG guidelines recommend MR arthrography for suspected labral tears. The request for left hip MRI with injection/arthrogram is medically necessary.