

Case Number:	CM14-0211059		
Date Assigned:	12/23/2014	Date of Injury:	08/16/2013
Decision Date:	02/17/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/15/2014

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 Family Practice and is licensed to practice in New Jersey. 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 worker is a 38 year old female who was injured on 8/16/2013 as she was putting down a pack of water bottles. X-ray of the pelvis (AP) from 9/3/13 showed normal alignment, no fracture, but labral calcifications and mild spur formation at the left hip. She was diagnosed with left hip sprain/strain, sacroiliac joint strain, possible left sacroiliac joint subluxation, and left groin pain. She was treated with physical therapy and medications. On 11/10/14, the worker was seen by her treating physician reporting persistent left hip and groin pain. She reported taking Advil. Physical findings included tenderness to lateral and posterior hip and sacroiliac joint on left side, mild decreased range of motion of the left leg, tenderness to left groin, and no hernia. She was then recommended to try TENS unit, home exercises, cyclobenzaprine, and MRI of the left hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left 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 (ODG), Hip & Pelvis, 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 and Pelvis, MRI.

Decision rationale: The MTUS Guidelines do not clearly address MRI for the hip joint. The ODG, however, states that hip MRI is the most accepted form of imaging for finding avascular necrosis and osteonecrosis as well as for the next step after x-ray for the evaluation of occult hip fracture. Hip MRI may also be considered in settings of suspected tumors, acute and chronic soft-tissue injuries, or osseous, articular or soft-tissue abnormalities. Osteoid osteomas are best seen with CT, not MRI, and labral tears are best seen with MR arthrography unless optimized hip protocol and MRI with 3.0-T magnets. In the case of this worker, there was an initial x-ray of the hips soon after the injury which was essentially normal (no fracture). Many months later, she has persistent pain in the hip and groin, however, neither the subjective complaints nor the physical findings suggest any red flag diagnosis or clues to a hip joint-specific abnormality, but rather muscle strain and possibly sacroiliac joint pain. There were no provocative tests documented in the notes which might have helped identify signs of hip joint pathology. Therefore, the hip MRI is not likely to aid in the treatment of this workers pain and is not medically necessary.