Case Number:	CM15-0167812		
Date Assigned:	09/08/2015	Date of Injury:	04/13/2015
Decision Date:	10/13/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 47 year old female, who sustained an industrial injury on April 13, 2015, incurring injuries to her hips. Magnetic Resonance Imaging of the right hip revealed a partial tear of the hamstring tendon, dysplasia with tearing and fraying of the labrum and gluteus tendinitis. She was diagnosed with right hip strain, hamstring muscle strain, tear of the labrum and right sided sciatica. Treatment included physical therapy, anti-inflammatory medications, muscle relaxants, pain medications, and work restrictions. Currently, the injured worker complained of persistent right hip pain and low back pain radiating into her buttock and thigh. She noted difficulty bending, stooping and getting out of bed, seat or chair. She had intermittent groin pain exacerbated with physical therapy. The requested treatment included a right hip Magnetic Resonance Imaging arthrogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right hip MRI arthrogram: 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, Arthrography.

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.

Decision rationale: Per the ODG guidelines: Recommended as indicated below. MRI is the most accepted form of imaging for finding avascular necrosis of the hip and osteonecrosis. (Koo, 1995) (Coombs, 1994) (Cherian, 2003) (Radke, 2003) 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. (American, 2003) (Chana, 2005) (Brigham, 2003) (Stevens, 2003) (Colorado, 2001) (Wild, 2002) (Verhaegen, 1999) (Scheiber, 1999) (Helenius, 2006) (Sakai, 2008) (Leunig, 2004) (Armfield, 2006) (Bredella, 2005) MRI seems to be the modality of choice for the next step after plain radiographs in evaluation of select patients with an occult hip fracture in whom plain radiographs are negative and suspicion is high for occult fracture. This imaging is highly sensitive and specific for hip fracture. Even if fracture is not revealed, other pathology responsible for the patient's symptoms may be detected, which will direct treatment plans. (Cannon, 2009) (Nelson, 2005) However, MRI of asymptomatic participants with no history of pain, injury, or surgery revealed abnormalities in 73% of hips, with labral tears being identified in 69% of the joints. (Register, 2012) This study highlights the limitations of radiography in detecting hip or pelvic pathologic findings, including fractures, as well as soft-tissue pathologic findings. MRI shows superior sensitivity in detecting hip and pelvic fractures over plain film radiography. (Kirby, 2010) 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. When magnetic resonance magnet strength was restricted to 1.5-T, the pooled sensitivity for MRI was 70% and the pooled specificity was 82%. The pooled sensitivity for MRA was 83% and the pooled specificity was 57%. (Smith, 2011) However, recent reports have shown similar accuracy when MRA is compared with MRI when an optimized hip protocol and 3.0-T magnets are used. (Register, 2012) (Sundberg, 2006) Indications for imaging- Magnetic resonance imaging: Osseous, articular or soft-tissue abnormalities, Osteonecrosis, Occult acute and stress fracture, Acute and chronic soft-tissue injuries, Tumors. Exceptions for MRI: Suspected osteoid osteoma (See CT), Labral tears (use MR arthrography unless optimized hip protocol and MRI with 3.0-T magnets) Per the medical records submitted for review, the injured worker had an MRI of the right hip on 7/2/15 which revealed a partial tear of the common hamstring tendon as well as tearing and fraying of the labrum anteriorly. It was noted per progress report dated 7/20/15 that the injured worker was not interested in getting more aggressive with the hip. It was noted that should she wish to, an MR arthrogram of the hip would be more appropriate for evaluating the hip laburm, and if tears were noted on that study, then she may be a candidate for referral to a hip arthroscopist for possible debridement and/or repair. As the injured worker is not currently a candidate for surgery, the request is not medically necessary.