

<b>Case Number:</b>	CM15-0192894		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	12/04/2013
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 26 year old male, who sustained an industrial injury on 12-4-13. The injured worker was diagnosed as having left hip pain, left hip snapping syndrome, and left acetabular labrum full thickness tear and paralabral cysts status post-surgery. Treatment to date has included left hip arthroscopic femoral neck resection, acetabular rim resection, capsular plication, and labral repair on 4-16-15. Other treatment included physical therapy. Physical examination findings on 9-3-15 included left hip abduction to 30 degrees and flexion to 45 degrees. Gait was noted to be normal. On 9-3-15, the injured worker complained of left hip pain. 9-15-15 the treating physician requested authorization for a MRI of the hip without contrast. On 9-22-15, the request was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Hip without contrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, Hip and Pelvis Chapter, Indications for imaging, 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 (Acute & Chronic) Chapter under MRI.

**Decision rationale:** The current request is for a MRI Hip without contrast. Treatment to date has included left hip arthroscopic, and labral repair on 04/16/15, physical therapy and medications. The patient is not working. MTUS and ACOEM Guidelines do not address this request. ODG-TWC, Hip & Pelvis (Acute & Chronic) Chapter under MRI (magnetic resonance imaging) states: Recommended as indicated below. MRI is the most accepted form of imaging for finding avascular necrosis of the hip and osteonecrosis. 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. 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 report 09/03/15, the patient is status post left hip surgery on 04/16/15, presents with pain and some stiffness in the mornings. The patient finished his post op PT sessions. Physical examination findings included left hip abduction to 30 degrees and flexion to 45 degrees. Gait was noted to be normal. The treater recommended a MRI of the hip. The patient had an MRI prior to surgery. Following surgery, the patient presented with decreased ROM and some stiffness. In this case, there are no discussions of suspected osseous, articular or soft-tissue abnormalities, occult acute and stress fracture, acute and chronic soft-tissue injuries, or tumors, for which an MRI of the hip would be indicated. In addition, there is no indication of previous X-rays following the surgery. Therefore, this request MRI is not medically necessary.