

Case Number:	CM15-0195948		
Date Assigned:	10/09/2015	Date of Injury:	11/01/2012
Decision Date:	11/18/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/05/2015

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:

This injured worker is a 52 year old male, who sustained an industrial injury on 11-01-2012. The injured worker was diagnosed as having left hip mild arthritis as well as degenerative labral tear. On medical records dated 08-26-2015 and 05-07-2015, the subjective complaints were noted as increased pain. Objective findings were noted as lumbar spine, bilateral hips and knees revealed a full range of motion was noted. Positive impingement sign on the left and normal sensation throughout was noted. Treatments to date included cortisone injections. The injured worker was noted to have undergone a MRI of left hip on 03-31-2015 which revealed no evidence of labral tear in left hip; stating if there was a high clinical suspicion for occult labral tear a MR arthrogram may be helpful for further evaluation, with weight partial - thickness intrasubstance tear was identified in the left common hamstring tendon origin and mild bilateral trochanteric bursitis-right greater than left side. Current medications were not listed on 08-26- 2015. The Utilization Review (UR) was dated 09-03-2015. A Request for Authorization was dated 08-31-2015. The UR submitted for this medical review indicated that the request for MR Arthrogram of the left hip was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MR Arthrogram 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, Hip and Pelvis, Acute and Chronic, 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 Chapter, Arthrography, pages 235-236.

Decision rationale: The patient has unchanged symptom complaints and clinical findings for this chronic injury without acute change, flare-up, new injury, red-flag conditions or functional deterioration demonstrated. Besides continuous chronic pain complaints, exam is without specified neurological deficits. There is no report of failed conservative trial or limitations with ADLs that would support for an Arthrogram when the recent MRI of the hip has not identified any significant acute findings. Guidelines states that most problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of pain symptoms may carry a significant risk of diagnostic confusion (false-positive test results). The guideline criteria have not been met as ODG recommends Hip Arthrogram for evaluation of internal derangement, loose bodies, and articular cartilage surface lesions as it has been proven to be effective in determining the integrity of intraarticular ligamentous, labral tears, fibrocartilaginous structures and in the detection or assessment of osteochondral lesions and loose bodies in selected cases. Additionally, it is useful for detection of loosening of total hip prostheses, especially for evaluation of the femoral component; however, not seen here. The 1 MR Arthrogram of the left hip is not medically necessary and appropriate.