

Case Number:	CM15-0199207		
Date Assigned:	10/14/2015	Date of Injury:	09/13/2015
Decision Date:	11/20/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/09/2015

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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

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 48 year old male, who sustained an industrial injury on September 13, 2015. He reported left knee pain. The injured worker was diagnosed as having acute left hip strain, left hip osteoarthritis and left hip avascular necrosis. On September 17, 2015, the injured worker complained of left hip and knee pain rated a 6 on a 1-10 pain scale. The pain was described as constant, sharp, aching and burning. Physical examination revealed tenderness to palpation in the left lateral hip. There was limited active range of motion of the left hip due to pain and an audible "popping" in the left hip with movement. An x-ray of the left hip-pelvis on 09-16-2015 showed no fracture, severe end-stage osteoarthritis and sclerosis in the left femoral head that was noted to possibly represent avascular necrosis. The treatment plan included Naproxen, crutches, non-weight bearing on left leg, education, Toradol injection, MRI of left hip, orthopedic referral and a follow-up visit. On September 28, 2015, utilization review denied a request for an MRI without contrast 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 without contrast of the Left Hip QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 10th Edition, Treatment Index, Hip and 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.

Decision rationale: CA MTUS/ACOEM is silent on the issue of hip MRI. The ODG hip and pelvis section was therefore referenced. It states hip MRI is 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. 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. 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). In this case the injured worker already has evidence of end stage osteoarthritis. Although osteonecrosis is indicated on the plain film x-rays, this is in the setting of severe degenerative change. MRI would add little useful additional information in this setting as hip preservation is no longer a treatment option. Plain x-rays are sufficient for diagnosing osteoarthritis. Therefore the request for a left hip MRI is not medically necessary.