

Case Number:	CM15-0024204		
Date Assigned:	02/13/2015	Date of Injury:	07/02/2011
Decision Date:	03/31/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/09/2015

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic hip pain reportedly associated with an industrial injury of July 2, 2011. In a utilization review report dated January 9, 2015, the claims administrator failed to approve a request for MR arthrography of the hip. The claims administrator referenced a January 6, 2015 RFA form in its determination. The claims administrator also referenced a November 21, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On January 19, 2015, MR arthrography of the hip, a heating pad, Norco, Zanaflex, and lumbar neurotomy procedures were endorsed. In an associated progress note of January 15, 2015, it was acknowledged that the applicant was not working and was off of work, on total temporary disability. The attending provider stated that the applicant had ultrasound testing of the hip demonstrating a diagnosis of hip trochanteric bursitis. Positive provocative testing and diminished range of motion of the hip were noted. The attending provider stated that MR arthrography was needed to evaluate the presence or absence of a labral tear of the hip. The requesting provider was an orthopedist, it was suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR (Magnetic Resonance) Arthrogram of the left hip, quantity: 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Online Edition, Chapter: Hip & Pelvis (Acute & Chronic) Arthrography

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3 > Hip and Groin > Diagnostic Testing > MR Arthrogram MR Arthrogram Recommendation: MR Arthrogram for Diagnosing Femoroacetabular Impingement, Labral Tears, Gluteus Medius Tendinosis or Tears, or Trochanteric Bursitis in Patients with Subacute or Chronic Hip Pain MR arthrogram is recommended to diagnose femoroacetabular impingement, labral tears, gluteus medius tendinosis or tears, or trochanteric bursitis in patients with subacute or chronic hip pain. Indications Patients with subacute or chronic hip pain and symptoms or clinical suspicion of femoroacetabular impingement, labral tears, gluteus medius tendinosis or tears, trochanteric tears, or other hip joint concerns. Strength of Evidence Recommended, Insufficient Evidence (I)

Decision rationale: 1. Yes, the proposed hip MR arthrography was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines do acknowledge that MR arthrography of the hip is recommended to diagnose suspected labral tears and/or trochanteric bursitis, both of which are apparently suspected here. The requesting provider was an orthopedic surgeon, increasing the likelihood that the applicant is acting on the results of the proposed MRI and/or considering surgical intervention based on the outcome of the same. Therefore, the request was/is medically necessary.