

<b>Case Number:</b>	CM15-0213119		
<b>Date Assigned:</b>	11/02/2015	<b>Date of Injury:</b>	10/02/2014
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2015

### 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 55 year old female, who sustained an industrial injury on October 2, 2014, incurring left hip injuries. In April, 2015, a left hip Magnetic Resonance Imaging revealed a left hip labral tear. She was diagnosed with a left hip labral tear and osteoarthritis. Treatment included physical therapy, anti-inflammatory drugs, and restricted activities and modified work duties and on May 1, 2015 underwent a left hip arthroscopy. Currently, the injured worker complained of persistent left hip pain and stiffness with increased pain and discomfort at night. She noted limited range of motion of the left hip. She reported sitting was painful and lying in one position was worse. Upon examination she had a positive impingement sign of the left hip. She was diagnosed with greater trochanteric bursitis. The treatment plan that was requested for authorization included a left hip Magnetic Resonance Imaging. On October 26, 2015, a request for a left hip Magnetic Resonance Imaging was denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Hip MRI:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip, MRI (magnetic resonance imaging), page 254.

**Decision rationale:** Review indicates the patient had MRA of the hip on 4/2/15 showing mild early OA with slight thinning and irregularity of the articular cartilage; small tears, anterosuperior left acetabular labrum and mild/ moderate trochanteric bursitis. The patient is s/p left hip arthroscopy without postop complications and had returned to modified work duties taking anti-inflammatories for pain symptoms. Current diagnosis is greater trochanteric bursitis already identified on MRA of April 2015 without indication for MRI request. There are no x-rays of the hips for review. Guidelines states that most hip problems improve quickly once any red-flag issues such as tumors, osteonecrosis, occult acute fracture 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). Submitted reports have not adequately demonstrated remarkable deteriorating symptoms, clinical findings, diagnoses, or identified acute flare-up, new injuries or progressive change to support for the imaging study. The Left Hip MRI is not medically necessary or appropriate.