

Case Number:	CM15-0219122		
Date Assigned:	11/12/2015	Date of Injury:	08/19/2011
Decision Date:	12/29/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	11/06/2015

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: Florida, New York, Pennsylvania
Certification(s)/Specialty: Family Practice

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 33 year old male, who sustained an industrial injury on 8-19-2011. Medical records indicate the worker is undergoing treatment for lumbar disc pathology, lumbar radiculopathy and hip contusion. A progress note from 4-27-2015 reported low back pain and left hip pain. Recent progress reports dated 9-28-2015, reported the injured worker complained of unchanged low back pain, groin pain and worsened left hip pain. Physical examination revealed lumbar spasm and tenderness to palpation and greater trochanter tenderness to palpation with crepitus and clicking. Treatment to date has included lumbar 5 epidural steroid injections, physical therapy and medication management. The physician is requesting left hip magnetic resonance imaging. On 10-7-2015, the Utilization Review non-certified the request for a left hip magnetic resonance imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 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 (ODG), Hip & Pelvis (Acute & Chronic) Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Orthopedic Reviews 2011; volume 3:e9, Magnetic resonance imaging of hip joint cartilage and labrum, Christoph Zilkens, et al.

Decision rationale: The member's DOI is listed as 19-Aug-11. The injury is reported to have occurred when in the prep kitchen of a restaurant he slipped on lettuce falling and landing on his buttocks. He reported LBP and Left Hip pain. The member's status was declared permanent and stationary 19-Jul-12 with limitations on bending lifting and carrying. An MRI Arthrogram 31-Jul-12 showed a small focal perforating tear of the Anterior/Superior Labrum. An MRI of the lumbar spine found an annular tear with a small disc protrusion that apparently did not impress his surgeon despite complaints of pain radiating down both legs. An EMG/NCV 2-Aug-12 was felt to be within normal limits. Several visits focused on LBP with no mention of the Left Hip. A report from 27-Apr-15 on a review of the hip found no limping gait, no localized tenderness, no palpable crepitus or clicking with a ROM felt to be WNL. The back exam at that time, however, found tenderness that was severe and out of proportion to the palpation of the lumbar spine. Pain was reported as 9-10/10 and was reported to radiate to the Left Hip and LLE. The patient at that time claimed that nothing helped the pain. A visit 28-Sep-15 reported LBP/Groin Pain/Left Hip Pain (unchanged)/Lumbar Spasm/TTP/Greater Trochanteric TTP with Crepitus and Clicking and with decreased ROM in rotation. As well, there was reported fullness in the groin with tenderness as well as Left Testicular Pain felt to be suspicious for a possible inguinal hernia. The request from this visit was for an MRI to further assess the Left Hip in light of the past history of a Labral Tear. The MTUS appears to be silent on the hip and particularly the approach to the Acetabular Labrum. Non-contrast MRI is used for the evaluation of bone, necroses, tumors, muscles and marrow space. It seems to be unreliable for detecting more subtle lesions. Mintz et al. found a sensitivity of 96%, a specificity of 33% and an overall accuracy of 94% for the detection of labral tears at 1.5T. Sundberg et al. found comparable results for the detection of labral tears comparing 3-T non-arthrographic with 1.5-T arthrographic techniques. With the studies available today, non-contrast MRI is not optimal in the evaluation of cartilage and labrum. In the future and with more sophisticated hardware and software as well as the availability of higher field strength machines, this may change. Direct Magnetic resonance arthrography (d-MRA) after the intra-articular injection of gadolinium-based contrast agent has emerged as the standard method for the evaluation of labrum and cartilage. It would appear that there has been a change in the status of the hip with a known tear on MRI Arthrography from 2012. The request for the non-contrast MRI does not meet current standards for evaluating the Acetabular Labrum. The UR determination is supported. The request is not medically necessary.