

Case Number:	CM15-0037594		
Date Assigned:	03/06/2015	Date of Injury:	07/02/2011
Decision Date:	04/16/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/27/2015

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: Internal 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 injured worker is a 34-year-old female, who sustained an industrial injury on 7/2/11. She has reported low back injury. The diagnoses have included lumbosacral spine sprain/strain with radiation to left lower extremity, left hip sprain, left ankle sprain and left hip trochanteric bursitis. Treatment to date has included lumbosacral facet block, oral medications, physical therapy and activity restrictions. Currently, the injured worker complains of increased left hip pain with lengthy walking and standing. Physical exam noted left hip decreased range of motion, left hip tenderness at anterior hip joint and lumbosacral tenderness on palpation. It is noted her pain and range of motion improved following L4-S1 medial branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRA 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 Treatment in Workers' Compensation (ODG-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 Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic) Arthrography, MRI (magnetic resonance imaging).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address hip MRA magnetic resonance arthrography. Official Disability Guidelines (ODG) indicates that arthrography is recommended for suspected labral tears. Diagnostic accuracy of MRA appears to be superior to MRI in detecting acetabular labral tears. Magnetic resonance arthrography (MRA) is indicated for labral tears of the hip. The pain management progress report dated 11/26/14 documented the diagnoses of lumbar sprain and strain, lumbar disc disease, lumbar facet syndrome, left sacroiliac joint arthropathy, and left hip greater trochanteric syndrome. Physical examination demonstrated that left hip range of motion was normal. There was left hip pain to palpation over the greater trochanteric region. The primary treating physician's progress report dated 1/16/15 documented the diagnoses of left hip sprain bursitis and left hip trochanteric bursitis. Objective findings noted left hip tenderness and decreased range of motion. The 1/16/15 progress report does not provide evidence of labral tear of the hip. Because hip labral tear was not evidenced, the request for MRA magnetic resonance arthrography of the hip is not supported by ODG guidelines. Therefore, the request for MRA of the left hip is not medically necessary.