MAXIMUS Federal Services

Case Number:	CM15-0045632		
Date Assigned:	03/20/2015	Date of Injury:	09/17/2012
Decision Date:	04/24/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/10/2015

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, South Carolina
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 29-year-old male, with a reported date of injury of 09/17/2012. The industrial injury occurred when he strained his muscles in the right hip/groin during physical training. The diagnoses include right hip femoral acetabular impingement with labral injury and exostosis at the superior acetabular region. Treatments to date have included oral medications and an MRI of the right hip. The medical report dated 01/14/2015 indicates that the injured worker had femoral acetabular impingement of his right hip with a labral injury and exostosis of the superior acetabular region. He continued to have pain in the right groin, as well as pain on the lateral aspect of the right leg. The physical examination showed tenderness to palpation along the greater trochanter as well as laterally; a positive anterior impingement sign; normal strength; and intact sensation to light touch in L3-S1 nerve root distributions. The treating physician requested an MRI/Arthrogram (GAD) of the lower extremities/right hip with contrast to further evaluate the degree of tearing of the labrum and platelet-rich plasma injection to the right hip under ultrasound guidance. One request was modified and the other was non-certified by Utilization Review on 2/6/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient MRI/Arthrogram (GAD) lower extremities/ right hip with contrast: 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 341-343 and 372-374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic), Arthrography Hip & Pelvis (Acute & Chronic), MRI (magnetic resonance imaging).

Decision rationale: The CA MTUS is silent on the issue, but the ODG recommends magnetic resonance (MR) arthrography for imaging of suspected labral tears. The injured worker (IW) has femoral acetabular impingement of his right hip with known labral injury, with his last MRI dated April 2013. The MR arthrography appears medically necessary based on the ODG and that the IW is currently considering surgical management. Concerning the request for MRI of the lower extremities, the MTUS/ACOEM guidelines do not specifically address this issue. The cited ODG recommends MRI of the hip for osteonecrosis, occult acute and stress fractures, acute and chronic soft-tissue injuries, etc. Per the cited ACOEM knee guideline, special studies are not needed to evaluate most knee complaints, until after a period of conservative care and observation. However, if there is a history of trauma with red flags, such as inability to walk four steps, or inability to flex knee to 90 degrees, then imaging studies may be indicated. The guideline also specifically states that imaging studies are not indicated for regional pain. The ACOEM ankle guideline states that special studies are not usually needed, until after a period of conservative care, unless there are red flags. If the limitations continue for more than four weeks, then imaging studies may be ordered, such as radiographs or bone scan. MRI scanning for disorders of soft tissue is not warranted. Based on the available medical records, the request for MR arthrography of the right hip is reasonable, but the medical reasoning for MRIs of the lower extremities is not clear; therefore, the request for outpatient MRI/Arthrogram (GAD) lower extremities/ right hip with contrast is not medically necessary.

Platelet rich plasma injection to right hop under ultrasound guidance: 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.

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), Platelet-rich plasma (PRP).

Decision rationale: The CA MTUS is silent on the issue, but the ODG states that platelet-rich plasma (PRP) is under study. At this time, PRP is only indicated for osteoarthritis of the hip based on preliminary non-controlled prospective studies. Based on the available medical records for the injured worker, he does not fit the criteria for injection based on osteoarthritis. Therefore, the request for platelet-rich plasma is not medically necessary.