

Case Number:	CM15-0057357		
Date Assigned:	04/02/2015	Date of Injury:	10/25/2012
Decision Date:	05/04/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/26/2015

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, Pain Management

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 37 year old female, who sustained an industrial injury on 10/25/12. She reported neck, mid back, low back right shoulder and right hip injuries. The injured worker was diagnosed as having hip joint pain and labral tear. Treatment to date has included oral medications including narcotics, physical therapy, aquatic therapy and home exercise program. (MRI) magnetic resonance imaging of right hip was performed on 6/13/14. X-ray of right hip was performed on 2/23/15. Currently, the injured worker presents for an orthopedic consultation of right hip. Upon physical exam, per-tendinitis is noted of both greater trochanteric areas with limited range of motion. The treatment plan consisted of magnetic resonance arthrogram of right hip with possibility of arthroscopic surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Arthrogram of the right hip: 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), Hip & Pelvis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis Chapter, MRI (magnetic resonance imaging) and Arthrography.

Decision rationale: Regarding the request for MRI arthrogram of the right hip, CA MTUS does not address the issue. ODG cites that arthrography is recommended for suspected labral tears. Within the documentation available for review, the patient has previously undergone x-ray and MRI imaging of the hip. The provider suspects a labral tear and recommends MRI arthrography prior to consideration for surgery, as the patient has failed conservative treatment. In light of the above issues, the currently requested MRI arthrogram of the right hip is medically necessary.