

<b>Case Number:</b>	CM15-0058855		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	11/19/2012
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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: 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 50 year old, male who sustained a work related injury on 11/19/12. The diagnoses have included right hip pain and right hip bursitis. Treatments have included x-rays, right hip injections, right hip surgery, medications, activity modifications, home exercises and physical therapy. In the PR-2 dated 2/19/15, the injured worker complains of significant right hip pain. He has persistent pain over right buttock region. The treatment plan is a recommendation to obtain an MRI of right hip. An initial consultation dated March 16, 2015 indicates that the patient continues to have chronic right hip pain that has failed conservative treatment including surgeries, physical therapy, home exercise program, tens unit, ultrasound, lumbar epidural injections, medications and hip injections. Physical examination shows a significant weakness with right hip flexion and abduction. The treatment plan recommends an MRI of the patient's right hip to evaluate for a labral tear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 MRI of the right hip without contrast:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 43.

**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 Chapter, MRI (Magnetic Resonance Imaging).

**Decision rationale:** Regarding the request for MRI of the hip, ACOEM and California MTUS do not contain specific guidelines regarding the use of hip MRI. ODG states that MRI is recommended after playing radiographs to evaluate select patients with hip fracture. Additionally, MRI is indicated for articular or soft tissue abnormalities and acute and chronic soft tissue injuries including labral tears. Within the documentation available for review, it is clear this patient has failed extensive conservative and surgical treatment. He has continued complaints and objective examination findings. The requesting physician is concerned about a labral tear, and an MRI is a reasonable next step to identify whether a labral tear may be present. As such, the currently requested MRI of the hip is medically necessary.