

Case Number:	CM14-0128351		
Date Assigned:	08/15/2014	Date of Injury:	07/24/2012
Decision Date:	10/23/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/12/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 31-year-old male who reported an injury on 07/24/2012 while going up some stairs at work; he sustained a twisting injury to his left hip. The injured worker did undergo arthroscopy of the left hip on 05/30/2013. Currently, he is complaining of locking of the hip since that time. Past treatments were medications, 2 intra-articular injections to the left hip, and physical therapy. Diagnosis was left hip impingement syndrome with possible labral tear. X-rays of the left hip and femur revealed mild degenerative changes of the superolateral aspect of the hip. Examination revealed limited range of motion of the hip, with 110 degrees of flexion, as compared to 120 degrees of flexion of the right hip. There were 40 degrees of extension and 40 degrees of abduction compared to 60 degrees on the right. Internal and external rotation was markedly limited on the left, with tenderness on rotation. There was capsular tenderness about the hip. Medications were Hydrocodone, Diclofenac sodium, Orphenadrine, and Pantoprazole. Treatment plan was for an MRI scan of the left hip. Rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Arthrogram of the Left 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 treatment in worker's Compensation, Online Edition, Chapter Hip & Pelvic (Acute & Chronic)

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

Decision rationale: The decision for MRI arthrogram of the left hip is medically necessary. The Official Disability Guidelines state arthrography is recommended for suspected labral tears. Magnetic resonance imaging of asymptomatic participants with no history of pain, injury, or surgery may reveal abnormalities in 73% of hips, with labral tears being identified in 69% of the joints. A strong correlation was seen between participating age and early markers of cartilage degeneration such as cartilage defects and subchondral cysts. Arthrography gains additional sensitivity when combined with CT in the evaluation of internal derangement, loose bodies, and articular cartilage surface lesions. Magnetic resonance (MR) arthrography has been investigated in every major peripheral joint of the body, and has been proven to be effective in determining the integrity of intra-articular ligamentous and fibrocartilaginous structures in the detection or assessment of osteochondral lesions and loose bodies in selected cases. The injured worker has had a previous arthroscopy of the left hip. The injured worker has had 2 intra-articular injections into the left hip with no objective improvement. The medical guidelines say that arthrography is recommended for suspected labral tears. The injured worker complained of "locking" of the hip. Range of motion was limited. There was capsular tenderness about the hip. The clinical information submitted for review provides evidence to justify an MRI arthrogram of the left hip. Therefore, this request is medically necessary.