

Case Number:	CM14-0133373		
Date Assigned:	08/25/2014	Date of Injury:	09/12/2011
Decision Date:	10/27/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/20/2014

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 Physical Medicine & Rehabilitation 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 underlying date of injury in this case is 09/21/2011. The date of the initial utilization review under appeal is 08/15/2014. On 07/30/2014, the patient was seen in follow-up by the treating physician regarding a right hip labral tear and right hip joint capsulitis. The treating physician noted that an MRI showed evidence of partial detachment of the anterolateral labrum and that there was also ischemia and hip joint capsulitis. The treating physician noted that the patient had failed all conservative treatment and this had been ongoing for at least 6 months. The treating physician therefore recommended authorization for a right hip injection and arthrogram under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthrogram with manipulation under anesthesia (MUA) and Fluoroscopy- Outpatient Procedure: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES

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

Decision rationale: The California Medical Treatment Utilization Schedule does not specifically address the current request for an arthrogram or manipulation under anesthesia. Official Disability Guidelines/Treatment in Workers Compensation/Hip states that arthrography is recommended for suspected labral tears and also notes that magnetic resonance imaging has been proven to be effective in determining the integrity of ligamentous structures. In this case the patient has already undergone MRI imaging; the records are unclear as far as the additional value proposed from an arthrogram. Moreover, neither the medical records nor the treatment guidelines provide a rationale or recommendation for manipulation under anesthesia of the hip in this situation. For these multiple reasons, this request is not supported by the guidelines. Therefore request is not medically necessary.