

Case Number:	CM14-0135239		
Date Assigned:	08/29/2014	Date of Injury:	06/27/2013
Decision Date:	10/20/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/21/2014

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 Pain Management, has a subspecialty in Interventional Spine 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 patient is a 28 year old male with an injury date of 06/27/13. Based on the 06/24/14 progress report provided by [REDACTED], M.D., the patient complains of back, right hip and right groin pain. Physical examination reveals lumbar paraspinal muscle spasm and tenderness to palpation. There is pain with internal and external rotation of the right hip. Straight leg raising test is negative bilaterally. Patient ambulates with a limp on the right. Treater is concerned about a labral tear of the right hip. Per appeal letter dated 02/26/14, preliminary request was for MRI of the lumbar spine, which was denied for lack of neurological findings. However, treater states that he is looking for "annular tear of the discs to evaluate the SI joints due to evidence of sacroiliitis," per report dated 02/04/14. Treater needs to rule out sacroiliitis via MRI prior to making patient permanent and stationary. No documentation of previous X-Rays or MRI's. Diagnosis 06/24/14- lumbosacral strain- rule out right labral tear of the right hip

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right hip without dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation TWC guidelines has the following regarding Hip MRI: (<http://www.odg-twc.com/odgtwc/hip.htm>)

Decision rationale: The patient complains of back, right hip and right groin pain. The request is for MRI of the right hip. Patient ambulates with a limp on the right, and physical exam dated 06/24/14 shows pain on internal and external rotation of the right hip. ODG-TWC guidelines have the following regarding Hip MRI: "Recommended as indicated below. MRI is both highly sensitive and specific for the detection of many abnormalities involving the hip or surrounding soft tissues and should in general be the first imaging technique employed following plain films. Indications for imaging -- Magnetic resonance imaging: Osseous, articular or soft tissue abnormalities, Osteonecrosis, Occult acute and stress fracture, Acute and chronic soft-tissue injuries, Tumors. Exceptions for MRI: Suspect osteoid osteoma (See CT), Labral tears (use MR arthrography)." Treater wants to rule out sacroiliitis and right labral tear of the right hip. Per ODG, for labral tear, MR arthrogram is recommended and not plain MRI's. SI joint pathology is not an indication for an MRI either. Therefore, the request of MRI of the right hip without dye is not medically necessary and appropriate.