

Case Number:	CM14-0211634		
Date Assigned:	12/24/2014	Date of Injury:	07/20/2012
Decision Date:	02/20/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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, Tennessee, South Carolina
 Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 51-year-old male with a 7/20/12 date of injury. At the time (10/29/14) of the request for authorization for MRI of the right hip and urine tox screen, there is documentation of subjective (right hip pain with locking and catching) and objective (right coxalgic gait, tenderness of the anterior aspects of the hip with clicking and catching, internal and external rotation of the hips are slightly decreased) findings, imaging findings (x-rays of the right hip and femur show mild thickening of the femoral neck), current diagnoses (clinical evidence of femoral acetabular impingement of the right hip with possible labral tear), and treatment to date (medication). Regarding urine tox screen, there is no documentation of abuse, addiction, or poor pain control.

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: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, MRI

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, MRI (magnetic resonance imaging).

Decision rationale: MTUS does not address this issue. ODG identifies documentation of negative plain radiographs and a high suspicion for occult fracture; osseous, articular or soft tissue abnormalities; osteonecrosis; occult acute and stress fractures; acute and chronic soft tissue injuries; or tumors as criteria necessary to support the medical necessity of MRI of the hip/pelvis. Within the medical information available for review, there is documentation of diagnoses of clinical evidence of femoral acetabular impingement of the right hip with possible labral tear. In addition, given documentation of subjective (right hip pain with locking and catching) and objective (right coxalgic gait, tenderness of the anterior aspects of the hip with clicking and catching, internal and external rotation of the hips are slightly decreased) findings, imaging findings (x-rays of the right hip and femur show mild thickening of the femoral neck), there is documentation of negative plain radiographs and osseous and soft tissue abnormalities. Therefore, based on guidelines and a review of the evidence, the request for MRI of the right hip is medically necessary.

A urine tox screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Urine drug testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of diagnoses of clinical evidence of femoral acetabular impingement of the right hip with possible labral tear. However, there is no documentation of abuse, addiction, or poor pain control. Therefore, based on guidelines and a review of the evidence, the request for urine tox screen is not medically necessary.