MAXIMUS Federal Services

Case Number:	CM15-0011847		
Date Assigned:	01/29/2015	Date of Injury:	06/09/1999
Decision Date:	03/27/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/20/2015

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, Illinois
Certification(s)/Specialty: Internal 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:

The injured worker is a 71-year-old female who reported an injury on 06/09/1999. The mechanism of injury was not provided. The injured worker was noted to have an MRI arthrogram of the right hip with contrast on 09/17/2013, which revealed an unremarkable right hip joint, findings suggestive of mild right gluteus minimus/gluteus medius bursitis. Partial tear cannot be excluded. There was a small focus of low signal suggesting the possibility of calcific tendonitis. The injured worker underwent a whole body bone scan with vascular joint flow dated 10/16/2014, which revealed the right leg and hip were negative. Other therapies included physical therapy, steroid injection, NSAIDs, activity modification and a home exercise program. There was a request for authorization submitted for review dated 12/16/2014. The documentation of 12/15/2014 revealed the injured worker was slightly worse with moderate pain. The injured worker had right groin pain. The documentation indicated the injured worker was wanting surgery and had ongoing groin pain. The injured worker was noted to be status post L5-S1 laminotomy on 08/03/2012. The medications included Percocet 10/325 mg and Nexium oral as well as Medrol Dosepak. The physical examination of the right hip revealed tenderness over trochanteric bursa, full range of motion, no instability, abductor weakness and trace positive impingement signs. The injured worker underwent and x-ray of the right hip and femur on 09/23/2013 which was noted to be normal. The diagnoses included possible labral tear right hip and chronic bursitis with likely partial thickness abductor tendon tear right hip. The treatment plan included a repeat MR arthrogram due to worsening groin pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right hip MR arthrogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis Chapter

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: The Official Disability Guidelines indicate that an MR arthrogram is recommended when there is suspicion of a labral tear. The clinical documentation submitted for review failed to provide the rationale for the request with the exception of increasing pain. Additionally, there was a lack of documentation indicating the injured worker had a change in the subjective findings or significant objective findings since the prior MR arthrogram. Given the above and lack of documentation, the request for Right hip MR arthrogram is not medically necessary.