

Case Number:	CM15-0114094		
Date Assigned:	06/22/2015	Date of Injury:	05/12/2009
Decision Date:	07/23/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/12/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 (IW) is a 50-year-old male who sustained an industrial injury on 05/12/2009. Diagnoses include osteonecrosis, left hip, chronic pain. Treatment to date has included medications, surgery, functional restoration program and physical therapy. According to the progress notes dated 4/30/15, the IW reported pain in the left hip that had progressively worsened. It began after an arthroplasty procedure, first in the groin and posteriorly, and currently down in the mid-thigh. He stated he was unable to sit or stand for any particular amount of time and the pain was debilitating. He reported the pain was more in the thigh, buttock and along the anterior iliac crest. On examination, range of motion was normal and without tenderness, swelling or crepitus. He walked with a severe limp, using a cane. X-ray of the left hip on 4/30/15 showed hip hardware to be in alignment and was otherwise unremarkable. A request was made for MRI without contrast of the left hip to evaluate the soft tissue around the hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) without contrast material 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 (ODG),

Treatment in Workers Compensation (TWC), Online Edition, Chapter Hip & Pelvis (Acute & Chronic): MRI (magnetic resonance imaging).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hips and Pelvis (Acute and Chronic), MRI (magnetic resonance imaging) and Other Medical Treatment Guidelines ACOEM V.3, Hip and Groin Disorders, Diagnostic Testing, MRI.

Decision rationale: MTUS is silent regarding MRI of hips. ODG states "Recommended as indicated below. MRI is the most accepted form of imaging for finding avascular necrosis of the hip and osteonecrosis." And further outlines the following indications for MRI "Osseous, articular or soft-tissue abnormalities, Osteonecrosis, Occult acute and stress fracture, Acute and chronic soft-tissue injuries, Tumors". ACOEM version 3 has three recommendations for MRI of hip: MRI is recommended for select patients with subacute or chronic hip pain with consideration of accompanying soft tissue pathology or other diagnostic concerns. MRI is recommended for diagnosing osteonecrosis. MRI is not recommended for routine evaluation of acute, subacute, or chronic hip joint pathology, including degenerative joint disease. The patient is diagnosed with osteonecrosis and chronic pain. Based on the patient's recent change in symptoms, health history and negative x-rays an MRI is appropriate to evaluate for further pathology. As such, the request for MRI (Magnetic Resonance Imaging) without contrast material of the left hip is medically necessary.