

Case Number:	CM15-0126380		
Date Assigned:	07/10/2015	Date of Injury:	01/26/2012
Decision Date:	08/06/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/30/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 33 year old male who sustained a work related injury January 26, 2012. According to a primary treating physician's progress report, dated May 19, 2015, the injured worker presented with complaints of ongoing neck pain, 8/10, with numbness in the upper extremities, upper/mid back pain 9/10, and lower back pain 7/10, which radiates to the left leg. He also reports ongoing bilateral shoulder pain, 7/10. Physical examination of the cervical spine revealed muscle guarding/spasm, painful range of motion and tenderness in the paraspinal musculature. There is bilateral tenderness on the paraspinal musculature of the thoracic spine. The lumbar spine revealed; guarding and muscle spasm, painful range of motion, tenderness to palpation at the paraspinal musculature, and positive straight leg raise on the left side at 60 degrees. Diagnoses are cervicothoracic spine strain; lumbar spine strain; bilateral shoulder impingement syndrome; left sacroiliac strain; depression/anxiety/ sleep difficulty. Treatment plan included pain management, psychological, and spine consultations, physical therapy, and at issue, a request for authorization for MR arthrogram left hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left 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 (ODG), 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 Chapter, Arthrography, pages 235-236.

Decision rationale: The patient has unchanged symptom complaints and clinical findings for this chronic injury without acute change, flare-up, new injury, red-flag conditions or functional deterioration demonstrated. Besides continuous chronic pain complaints, exam is without specified neurological deficits. There is no report of failed conservative trial or limitations with ADLs that would support for an Arthrogram when the MRI has not identified any significant acute findings. There is no x-ray for review. Guidelines states that most problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of pain symptoms may carry a significant risk of diagnostic confusion (false-positive test results). The guideline criteria have not been met as ODG recommends Hip Arthrogram for evaluation of internal derangement, loose bodies, and articular cartilage surface lesions as it has been proven to be effective in determining the integrity of intraarticular ligamentous, labral tears, fibrocartilaginous structures and in the detection or assessment of osteochondral lesions and loose bodies in selected cases. Additionally, it is useful for detection of loosening of total hip prostheses, especially for evaluation of the femoral component; however, not seen here. The Left hip MR arthrogram is not medically necessary and appropriate.