MAXIMUS Federal Services

Case Number:	CM15-0129824		
Date Assigned:	07/16/2015	Date of Injury:	01/21/2014
Decision Date:	08/25/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/07/2015

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: Preventive Medicine, Occupational 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 52 year old female who sustained an industrial injury on January 21, 2014. She has reported injuries to the left shoulder, right hip, right knee, and right ankle and has been diagnosed with internal derangement, left shoulder, internal derangement, right ankle, right knee, and lumbar spine sprain. Treatment has included medications, bracing, crutches, medical imaging, and physical therapy. The injured worker repots loss of lordosis along with pain at C5, C6, C7, left trapezius and left levatorscapula. There was decreased range of motion. The injured worker reports pain at biceps and anterior rotator cuff. She also reports pain at L3-S1, bilateral posterior superior iliac spine and bilateral paravertebral muscles. The treatment request included MRI 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 (magnetic resonance imaging) right hip: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip: 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 Chapter/MRI (Magnetic Resonance Imaging).

Decision rationale: The MTUS guidelines do not address MRI of the hip, therefore, other guidelines were consulted. The ODG recommends MRI of the hip as indicated below. MRI is the most accepted form of imaging for finding a vascular necrosis of the hip and osteonecrosis. 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. MRI seems to be the modality of choice for the next step after plain radiographs in evaluation of select patients with an occult hip fracture in whom plain radiographs are negative and suspicion is high for occult fracture. This imaging is highly sensitive and specific for hip fracture. Even if fracture is not revealed, other pathology responsible for the patient's symptoms may be detected, which will direct treatment plans. However, MRI of asymptomatic participants with no history of pain, injury, or surgery revealed abnormalities in 73% of hips, with labral tears being identified in 69% of the joints. This study highlights the limitations of radiography in detecting hip or pelvic pathologic findings, including fractures, as well as soft-tissue pathologic findings. MRI shows superior sensitivity in detecting hip and pelvic fractures over plain film radiography. 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: suspected osteoid osteoma (See CT), labral tears (use MR arthrography unless optimized hip protocol and MRI with 3.0-T magnets). In this case, the injured worker had a CT of the right hip on 3/31/14 was normal and there is no evidence of plain radiographs. As the CT of the hip was negative, the guideline requirements for MRI are not supported. The request for MRI (magnetic resonance imaging) right hip is not medically necessary.