

Case Number:	CM15-0174691		
Date Assigned:	09/16/2015	Date of Injury:	04/19/2014
Decision Date:	10/19/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/04/2015

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 33 year old male, who sustained an industrial injury on 4-19-2014. He reported left femur fracture and Open Reduction Internal Fixation (ORIF) of the left hip and subsequently diagnosed with DVT and pulmonary embolism. Diagnoses include long term anticoagulants, pulmonary embolism and infarction, closed fracture of femur, history of deep venous thrombosis, hip pain, and chronic pain syndrome. Treatments to date include activity modification, medication therapy including a Coumadin clinic, and physical therapy. Currently, he complained of ongoing left hip pain. Physical therapy was noted to have been initiated earlier that week. Current medications included Norco, Fentanyl, and aspirin. On 8-14-15, the physical examination documented an antalgic gait and grinding noted in the left hip with ambulation. The provider documented concern for possible slap lesion. The plan of care included a request for cardiology consultation and radiographic imaging. The appeal requested authorization for a left hip MRI without contrast. The Utilization Review dated 8-19-15, denied the request stated "the MRI would not be considered medically necessary as MR arthrography will be superior to evaluate for suspicion of labral tear and-or infection of the left hip, therefore the MRI is not medically necessary" per the ODG treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI left hip without contrast: Overturned

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

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) Section.

Decision rationale: MTUS guidelines do not address MRI of the hip. Per the ODG, hip MRI is the most accepted form of imaging for finding avascular 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. Indications for MRI include: 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; labral tears (use MR arthrography unless optimized hip protocol and MRI with 3.0-T magnets). In this case, there is a documented concern of osteonecrosis, therefore, the request for MRI left hip without contrast is medically necessary.