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| Case Number: | CM15-0178422 | | |
| Date Assigned: | 10/14/2015 | Date of Injury: | 01/28/2013 |
| Decision Date: | 12/01/2015 | UR Denial Date: | 08/28/2015 |
| Priority: | Standard | Application Received: | 09/10/2015 |

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 45 year old female who sustained a work-related injury on 1-28-13. Medical record documentation on 8-17-15 revealed the injured worker was being treated for anterosuperior labral tear and abductor dysfunction and trochanteric pain. She reported increasing symptoms over the previous several weeks with more significant limitations in function, increased mechanical symptoms and catching and popping in the right hip. Objective findings included pain at the end of range of motion in flexion and external rotation which reproduced the majority of her groin pain. She received physical therapy, which provided some improvement with the lateral discomfort and received a steroid injection in the right hip, which was helpful (4-22-15). A repeat injection did not provide the same results. Her evaluating physician recommended an MR Arthrogram of the right hip with concomitant cortisone injection to evaluation for any changes. A request for MR Arthrogram with cortisone injection for the right hip was received on 8-25-15. On 8-28-15, the Utilization Review physician determined MR Arthrogram with cortisone injection for the right hip was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR Arthrogram: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis Chapter (Online Version), 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) Hip & Pelvis, Arthrography.

Decision rationale: The MTUS guidelines are silent on hip MR arthrogram. Per the ODG guidelines: Recommended for suspected labral tears. (American, 2003) Magnetic resonance images of asymptomatic participants with no history of pain, injury, or surgery may reveal abnormalities in 73% of hips, with labral tears being identified in 69% of the joints. A strong correlation was seen between participant age and early markers of cartilage degeneration such as cartilage defects and subchondral cysts. (Register, 2012) Arthrography gains additional sensitivity when combined with CT in the evaluation of internal derangement, loose bodies, and articular cartilage surface lesions. (Colorado, 2001) Magnetic resonance (MR) arthrography has been investigated in every major peripheral joint of the body, and has been proven to be effective in determining the integrity of intraarticular ligamentous and fibrocartilaginous structures and in the detection or assessment of osteochondral lesions and loose bodies in selected cases. (Sahin, 2006) A combination of MR arthrography and a small field of view is more sensitive in detecting labral abnormalities than is conventional MRI with either a large or a small field of view. (Toomayan, 2006) (Temmerman, 2005) One meta-analysis recommends subtraction arthrography over contrast arthrography for detection of loosening of total hip prostheses, especially for evaluation of the femoral component. (Temmerman2, 2005) While both MRI (0.5-3T) and MRA (0.5-3T) have moderate sensitivity and specificity (sensitivity 66%, 87%; specificity 79%, 64%), diagnostic accuracy of MRA appears to be superior to MRI in detecting acetabular labral tears on ROC curve interpretation. When magnetic resonance magnet strength was restricted to 1.5-T, the pooled sensitivity for MRI was 70% and the pooled specificity was 82%. The pooled sensitivity for MRA was 83% and the pooled specificity was 57%. (Smith, 2011) However, recent reports have shown similar accuracy when MRA is compared with MRI when an optimized hip protocol and 3.0-T magnets are used. (Register, 2012) (Sundberg, 2006) Per the medical records submitted for review, it is noted that the injured worker has a labral tear per CT arthrogram dated 6/3/14. I disagree with the UR physician's assertion that there is no indication that the patient is currently being considered for surgery, there is no statement in the record that surgery is contraindicated, and the results of an MR arthrogram may influence the decision making if it shows no change versus worsening (at the same time she clinically worsened). The request is medically necessary.

Cortisone Injection: 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 (Online Version), Intra-articular steroid hip injection (IASHI).

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, Repair of labral tears.

Decision rationale: Per the ODG guidelines: Early treatments of a hip labral tear should include rest, anti-inflammatory medications, physical therapy, and cortisone injection. If these treatments fail to alleviate the pain associated with a hip labral tear within the first month, a hip arthroscopy procedure may be considered. Per progress note dated 4/22/15, it was noted that the injured worker was previously treated with a cortisone injection in the right hip. She had improvement after the injection. She had recurrence of her symptoms requiring a repeat injection which she ultimately did not see the same benefit of. As cortisone injection is recommended as an early treatment of a hip labral tear, it is not indicated. Additionally, the injured worker did not benefit from previous injection. The request is not medically necessary.