MAXIMUS Federal Services

Case Number:	CM15-0178681		
Date Assigned:	09/18/2015	Date of Injury:	06/11/2009
Decision Date:	10/22/2015	UR Denial Date:	08/19/2015
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
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 46 year old female, who sustained an industrial injury on 6-11-09. The injured worker is undergoing treatment for low back pain, pain in right hip, right hip status post forced hyperflexion injury with hip joint subluxation event, rule out anterior labral tear injury, osteoporosis with current pathological fracture Medical records dated 8-12-15 indicate the injured worker complains of back, hip and knee pain. She reports the hip pain as "moderate." "Treatment thus far has resulted in some help, however it has not really made a significant change in her symptoms." Physical exam dated 8-12-15 notes right hip "mild" tenderness to palpation, "slightly" decreased range of motion (ROM) and strength, positive passive hip flexion and internal rotation and positive Patrick's test. Right hip X-ray (8-12-15), reviewed on 8-12-15, and is described as showing mild osteopenia “mildosteopeniaand minimal if any arthritic joint space narrowing." Treatment to date has included X-ray, ice and medication. The original utilization review dated 8-19-15 indicates the request for magnetic resonance imaging (MRI) of right hip is non-certified noting if labral tear is suspected that magnetic resonance angiography (MRA) is the imaging study of choice.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of right 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis/Magnetic Resonance Imaging.

Decision rationale: MTUS Guidelines so not adequately address this issue. ODG Guidelines address this issue in detail and recommend hip MRI studies for individuals with these symptoms and medical history. At issue is what specific type of MRI is best for a suspected diagnosis of labral injury/tear. ODG Guidelines state that an MRI study with contrast is slightly more accurate than a plain MRI, unless special protocols and a strong magnet MRI is utilized. The type of MRI utilized is not documented with the request. The Guidelines do not preclude the use of MRI studies without contrast and the differences are small enough that the determination of which test is ordered is reasonable to leave up to the requesting physician. Under these circumstances, the request for the MRI of the right hip is consistent with Guidelines and is medically necessary.