

C-IRO Inc.

An Independent Review Organization
7301 RANCH RD 620 N, STE 155-199A
Austin, TX 78726
Phone: (512) 772-4390
Fax: (512) 519-7098
Email: resolutions.manager@ciro-site.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Aug/27/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

MRI WITHOUT CONTRAST RIGHT HIP TO INCLUDE CPT CODE 73721

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

M.D., Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Official Disability Guidelines Treatment in Worker's Comp 2010 Updates, Hip and Pelvis:
MRI (magnetic resonance imaging)
Peer Review 03/23/10, 07/02/10, 07/20/10
Operative report 08/24/07
Dr. OV 02/04/10, 03/16/10, 06/10/10, 06/29/10 , 08/05/10
Physical Therapy record 02/15/10
Dr. / second opinion consult 06/21/10
Insurance Fax 08/12/10

PATIENT CLINICAL HISTORY SUMMARY

This is a female claimant with a reported sudden onset of right hip pain in xx/xxxx as a result of direct trauma from a fall. The records noted the claimant status post right hip bursectomy of the greater trochanter on an unknown date with subsequent heterotopic bone formation. An excision of the heterotopic bone and partial saucerization of the greater trochanter right femur followed on 08/24/07. A 02/04/10 physician record noted the claimant with reported occasional right hip pain associated with weakness. The claimant was noted to have weakness on the right hip abductor and mild tenderness diffusely on examination. The claimant was non weightbearing with crutches. The diagnosis was of open wound hip/ thigh, contusion hip and bursitis hip.

Follow up physician records dated 03/16/10 revealed the claimant with continued complaints of right hip pain associated with weakness with the additional complaint of swelling over the right lateral hip. The diagnosis remained unchanged. MRI of the right hip was recommended to evaluate new onset of hip pain and swelling.

A second opinion evaluation dated 06/21/10 revealed the claimant with right hip and greater trochanteric region pain. Treatment history included anti- inflammatory medications, injections and two surgeries for trochanteric bursitis. The impression remained unchanged as contusion hip and bursitis hip. A right hip MRI was recommended to rule out infection or bony injury.

A right hip injection was performed on 08/05/10 for reported continued discomfort. MRI continued to be recommended along with rest, ice, stretching and a neuromuscular stimulator for pain relief.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

Based on review of the records provided, evidence based medicine and the above issues. I would approve as medically necessary MRI without contrast of the right hip to include CPT code 73721. This is consistent with evidence based medicine and the ODG Guidelines. The claimant has had persistent pain for greater than two years and has been treated with injection therapy, medications and surgery times two but has persisted with pain and weakness. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be overturned. The reviewer finds that there is medical necessity for MRI WITHOUT CONTRAST RIGHT HIP TO INCLUDE CPT CODE 73721.

Official Disability Guidelines Treatment in Worker's Comp 2010 Updates, Hip and Pelvis : MRI (magnetic resonance imaging)

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.

Indications for imaging -- Magnetic resonance imaging

Osseous, articular or soft-tissue abnormalities

Osteonecrosis

Occult acute and stress fracture

Acute and chronic soft-tissue injuries

Tumor

Exceptions for MRI

Suspected osteoid osteoma (See CT)

Labral tears (use MR arthrography)

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)