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Notice of Independent Review Decision

DATE OF REVIEW: 05/11/11

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: MRI of the Left Hip Without Contrast between 03/18/2011 and 05/17/2011
This is an appeal to review 86456

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

Texas Board Certified Orthopedic Surgeon

REVIEW OUTCOME

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. MR arthrogram left hip dated 10/30/08
2. Radiographs left hip dated 10/30/08
3. Clinical note dated 03/08/11
4. Utilization reviews dated 03/17/11 and 03/25/11
5. Cover sheet and working documents
6. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a male who sustained an injury on xx/xx/xx and is being followed for complaints of left hip pain.

A previous MR arthrogram of the left hip dated 10/30/08 revealed edema within the femoral insertion of the iliopsoas muscle consistent with a hip flexor strain. Minimal tearing was noted. Minimal joint effusion was seen and no occult fractures, avascular necrosis or tumors were identified. Radiographs of the left hip performed on the same date were unremarkable.

A clinical evaluation on 03/08/11 stated the employee had continuing pain in the left hip and groin. The employee reported his pain as 8/10 on the visual analog scale. Current medications included Vicodin. Physical examination revealed pain with rotation of the

left hip. Passive range of motion was intact, no weaknesses identified. The employee was recommended for an MRI to evaluate the labrum and cartilage of the left hip.

The request for MRI of the left hip was non-certified by utilization review on 03/17/11. The reviewing physician opined that there was no documentation regarding failure of conservative care such as physical therapy or medications.

The request for MRI of the left hip was again denied by utilization review on 03/25/11. The reviewing physician opined that there was no indication the employee failed conservative management such as physical therapy, medications, or exercises.

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

The request for MRI of the left hip is not recommended as medically necessary. The employee reported continuing left hip and groin pain. The employee's physical examination was relatively unremarkable with subjective pain on rotation of the left hip only. No updated plain film radiograph studies of the left hip were provided for review to address any possible soft tissue abnormalities, osteonecrosis, suspected occult or stress fractures. or tumors.

Given the employee's relatively unremarkable physical examination findings, there is no evidence to support suspicions of soft tissue abnormalities, tumors, or stress/occult fractures that would reasonably require studies at this point in time. As such, medical necessity is not established.

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

Official Disability Guidelines, Hip and Pelvis Chapter, Online Version
MRI (magnetic resonance imaging)

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)