

# True Decisions Inc.

An Independent Review Organization  
2002 Guadalupe St, Ste A PMB 315  
Austin, TX 78705  
Phone: (512) 879-6332  
Fax: (214) 594-8608  
Email: rm@truedecisions.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**

Nov/21/2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Right hip MRI

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

Orthopedic Surgery

**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)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.**

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

ODG - Official Disability Guidelines & Treatment Guidelines  
MRI lumbar spine 06/19/13  
Clinical record 08/01/13  
Clinical record 08/12/13  
Clinical record 09/13/13  
Clinical record 10/14/13  
Clinical record 10/29/13  
Prior utilization reviews 10/11/13 and 10/23/13

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who sustained an injury on xx/xx/xx when he slipped and fell landing on the right knee and twisting the low back. Initial MRI of the lumbar spine from 06/19/13 showed mild canal stenosis throughout the lumbar spine from L1 to L5 with neural foraminal narrowing at multiple levels due to broad based disc bulging from L1 to S1. The patient was initially seen on 08/01/13. The patient reported ongoing complaints of low back pain radiating to the right lower extremity. The patient had no substantial improvement with physical therapy. Physical examination demonstrated no evidence of motor weakness in the lower extremities. There were no positive sacroiliac joint findings. No positive orthopedic findings of the hip right hip were noted. Radiographs of the right hip on this evaluation showed evidence of moderate degenerative joint disease in the right hip. Follow up on 08/12/13 indicated that the patient had no response to anti-inflammatories or muscle relaxers. Physical examination demonstrated antalgic gait with pain on internal rotation of the right hip.

The patient was recommended for right total hip replacement at this visit. Right hip MRI was recommended on 09/13/13 to further evaluate the joint. Follow up on 10/14/13 stated that the patient continued to have progressive and severe right groin pain. Physical examination demonstrated guarded and painful range of motion in the right hip with both internal and external rotation. Follow up on 10/29/13 stated the patient continued to have progressive right hip pain with severe pain reported in the standing position. There continued to be guarded and painful range of motion of the right hip with positive Patrick and right pelvic tilt testing. The patient was again recommended for MRI of the right hip which was denied by utilization review on 10/11/13 as there were no initial radiographic findings to support MRI. The request was again denied by utilization review on 10/23/13 as there was no documentation regarding radiographs of the right hip.

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

The patient initially developed low back pain radiating to the right lower extremity following the injury in question. The patient began reporting more and more difficulties with right hip pain. Per the 08/01/13 clinical record radiographs were done in clinic showing moderate degenerative joint disease of the right hip. The patient has had persistent complaints of pain in the right hip with pain reported on internal and external rotation. Significant guarding was also noted on physical examination. As the patient has not improved with non-operative care with conservative treatment including physical therapy and the use of anti-inflammatories, and there is documentation regarding initial radiographs of the right hip, it is the opinion of this reviewer that guideline recommendations regarding right hip MRI have been met. As such medical necessity would be established and the prior denials are overturned.

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

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

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**