

<b>Case Number:</b>	CM13-0030801		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	01/10/2005
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	09/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 65-year-old female who sustained an injury to her low back and hip on January 10, 2005. Clinical records for review included a July 24, 2013 assessment noting chronic low back pain status post a multilevel fusion with right hip complaints. Physical examination documented the right hip with tenderness to palpation over the trochanteric bursa and pain with internal and external rotation of severe intensity. MRI scan of the right hip demonstrated findings consistent with AVN of the proximal femoral head. Recommendations were for a fluoroscopic guided intraarticular hip injection for further treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right hip Intra-articular injection under Anesthesia and Fluoroscopic Guidance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation BMJ Publishing Group, Ltd.; London, England; [www.clinicalevidence.com](http://www.clinicalevidence.com) .

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: hip procedure, Intraarticular steroid hip injection (IASHI).

**Decision rationale:** MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, intraarticular hip injections of corticosteroid would not be recommended in the early hip osteoarthritic setting and are under study for moderately advanced or severe osteoarthritis. Records in this case indicate that the claimant is diagnosed with advanced avascular necrosis. There would currently be no clinical indication or recommendation for the use of an intraarticular injection of corticosteroid in this clinical setting. This specific request would not be recommended.