

Case Number:	CM13-0033193		
Date Assigned:	12/06/2013	Date of Injury:	02/03/2011
Decision Date:	03/06/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/09/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 patient is a 57 year old male who reported an injury on 02/03/2011. The mechanism of injury was stated to be the patient ran into a square tubing sticking out from a table which struck the patient in the right groin area causing him to fall. The patient was noted to have 2 previous intra-articular injections in the right hip. The patient was noted to have decreased range of motion, decreased strength, tenderness and bony tenderness in the right hip. The request was made for a third injection as the patient was noted to have an improvement of his symptoms after the previous 2 injections. The patient's diagnoses were noted to include hip pain and avascular necrosis of the femur head on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

. Right Hip Cortisone Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Hip and Groin Disorders Chapter (2010), Table 2; Summary of Recommendations for Managing Hip and Groin Disorders, page 14, Osteonecrosis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis Chapter, Intra-articular injection

Decision rationale: Official Disability Guidelines indicate that intra-articular steroid hip injections are not recommended in early hip osteoarthritis, but are under study for moderately advanced or severe hip osteoarthritis, but if used, should be in conjunction with fluoroscopic guidance. Additionally, it is indicated for short-term pain relief in hip trochanteric bursitis. The clinical documentation submitted for review indicated the patient had 2 previous injections and that they improved the patient's symptoms. However, there was a lack of documentation of objective functional improvement and duration of pain relief per a documented Visual Analog Scale. Given the above, the request for a right hip cortisone injection is not medically necessary.