

<b>Case Number:</b>	CM13-0035932		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	06/03/2011
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 64-year-old female who was injured on June 3, 2011 sustaining injury to the right hip. Recent clinical records for review specific to the claimant's right hip include a September 11, 2013 follow-up report indicating ongoing complaints of pain into the groin noted since time of the injury. She is describing difficulty with walking and stiffness. Physical examination findings showed restricted hip range of motion with a contracture and inability to perform full extension maneuvers. There was 5/5 motor strength to the lower extremities, however, with no other pertinent findings noted. Radiographs at that visit demonstrated "severe" degenerative joint disease of the left hip. Surgical versus nonsurgical treatment was discussed. The claimant wished to avoid arthroplasty. An intra articular injection to the hip was recommended for further care. There is no indication of imaging or documentation of treatment in this case.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 RIGHT HIP INJECTION UNDER FLUOROSCOPY BETWEEN 9/27/13 AND 11/27/13:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

**Decision rationale:** California MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, moderately advanced or severe osteoarthritis of the hip is noted to be under study. However, it states that if the injection were to take place, it should be performed under fluoroscopic guidance. This individual is attempting to avoid arthroplasty. There is no indication of previous injections available for review. An isolated one time injection of corticosteroid given the claimant's current clinical picture would thus be supported given her current diagnosis. Therefore the request is not certified.