

<b>Case Number:</b>	CM13-0038402		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	06/01/1996
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

According to the report dated 09/17/2013 by [REDACTED], the patient presents with right hip, right leg and bottom of right foot pain. Report states "a little increase in pain in right hip but not as bad as before." Objective findings note: improvement in range of motion with mild to moderate pain in right hip with tenderness bilaterally. No other physical examination was documented. Per the physician's note, "5 months of relief since last intra articular hip injection." Request is for a repeat injection. An exact date of prior injection is unknown as there is no procedural report provided for review.

### 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, as an outpatient:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation on [www.clinicalevidence.com](http://www.clinicalevidence.com), Section: Musculoskeletal Disorders; Condition: Osteoarthritis of the Hip ACOEM, Table 2, Summary of Recommendations, Low Back Disorders; [www.acoempracguides.org/LowBack](http://www.acoempracguides.org/LowBack) and Table 2, Summary of Recommendations, Chronic Pain Disorders; w

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip (intra-articular Steroid Hip Injection) and Pain Injections General.

**Decision rationale:** This patient presents with chronic right hip pain. The physician is requesting a repeat right hip intra-articular injection. The MTUS and ACOEM guidelines do not discuss Intra-articular steroid hip injection. However ODG guidelines under Hip (Intra-articular steroid hip injection) states, "Not recommended in early hip osteoarthritis (OA). Under study for moderately advanced or severe hip OA, but if used, should be in conjunction with fluoroscopic guidance. Recommended as an option for short-term pain relief in hip trochanteric bursitis. (Brinks, 2011)." The medical records show the patient has a long history of hip osteoarthritis, as indicated in the report dated 11/29/2012 which states, "recent hip x-rays show osteoarthritis in the acetabulum bilaterally." This patient has had multiple hip injections starting from 2012 and most recently in April 2013. ODG guidelines states these injections are "recommended as an option for short-term pain relief". ODG guidelines under "pain injections in general" require 50% reduction of pain for a sustained period, and clear results in reduction of pain medications, improved function and/or return to work. In this patient, the patient clearly has significant pain reduction lasting 5 months and the patient clearly has hip arthritis. Recommendation is for authorization.