

Case Number:	CM13-0040955		
Date Assigned:	12/20/2013	Date of Injury:	06/03/2011
Decision Date:	03/12/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/29/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 58-year-old male who reported an injury on 06/03/2011. The mechanism of injury was not provided within medical records. Treatment to date is unclear; however, it is known that he utilizes medications, has previously attended physical therapy, and had an MRI of the right hip on 12/21/2011. This imaging study revealed that the patient had moderately advanced osteoarthritis of the right hip, including a joint effusion. The most recent clinical note is dated 12/17/2013 and revealed that the patient was authorized for an intra-articular hip and joint injection via a court hearing on 12/16/2013. His current medications include Vicodin daily as needed, levothyroxine, metoprolol, Prilosec, amlodipine, Aspirin, hydralazine, isosorbide, and omeprazole; dosages and frequencies were not provided. Physical examination on this date revealed restricted lumbar range of motion, multiple negative SI provocative maneuvers, a positive Patrick's maneuver on the right, and muscle strength of 5/5 in all limbs. At this time, the patient's diagnoses included right hip pain, severe right hip degenerative joint disease, right hip internal derangement, right hip osteoarthritis, low back pain, lumbar facet joint arthropathy, and lumbar sprain/strain. There was no other information submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopically guided intra-articular joint injection to the right hip, with anesthesia:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG);

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, Intra-articular steroid hip injections.

Decision rationale: The Physician Reviewer's decision rationale: The California MTUS/ACOEM Guidelines do not specifically address the use of intra-articular steroid injections; therefore, the Official Disability Guidelines were supplemented. ODG states that intra-articular injections are under study for moderately advanced or severe hip osteoarthritis, but if used, it should be in conjunction with fluoroscopic guidance. Although under study, this treatment has not worked very well in hip osteoarthritis historically, and may increase the risk of infection and subsequent hip arthroplasties. The clinical records submitted for review indicate that the patient has severe osteoarthritis accompanied by pain, but there are no pain levels included. There is also no information regarding range of motion values or functional impairments due to the osteoarthritis of the hip. Without the inclusion of objective documentation detailing the extent of the patient's debility, the medical necessity of this request cannot be determined. Although the patient was awarded this treatment on 12/17/2013 via court hearing, the medical records included for review do not establish medical necessity of the treatment, as recommended by evidence-based guidelines. As such, the decision for fluoroscopically guided intra-articular joint injection to the right hip, with anesthesia is non-certified.