

Case Number:	CM13-0042284		
Date Assigned:	12/27/2013	Date of Injury:	08/06/2012
Decision Date:	07/25/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/30/2013

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 Pennsylvania. 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 claimant is a 40-year-old female who was injured on 08/06/12 in a work related injury. The records provided for review document a history of pain in the right hip. The report of an MRI of the right hip dated 04/12/13 revealed a right hip labral tear. Plain film radiographs were noted to be unremarkable. A recent progress report of 10/21/13 described continued complaints of pain in the low back, right hip and lower extremity. Objectively, examination noted restricted lumbar range of motion, a slow, antalgic gait with use of a cane. Examination of the hip was not noted. The prior examination dated 10/07/13 showed an antalgic gait, tenderness of the bilateral hips to palpation and diminished range of motion secondary to pain. The request at that time was a right hip fluoroscopy guided intraarticular injection of steroid. There is no documentation of a previous corticosteroid injection to the hip as part of the claimant's conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 DIAGNOSTIC RIGHT HIP INJECTION UNDER FLUOROSCOPY BETWEEN 10/15/13 AND 11/29/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis.

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

Decision rationale: The California MTUS and ACOEM Guidelines do not address this request. The Official Disability Guidelines recommend that intraarticular steroid injections of the hip are typically not supported, but can be used for advanced arthritis of the hip if used in conjunction with fluoroscopic guidance. There is currently no indication for the use of corticosteroid injection of the hip in the setting of labral pathology as identified on the claimant's imaging study. Given this individual's underlying diagnosis of labral tear with no documentation of chondral change to the hip, the acute need of injection under fluoroscopy would not be supported.