

<b>Case Number:</b>	CM13-0047414		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/02/2011
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 male who reported injury on 07/02/2011. The mechanism of injury was noted to be a slip and fall. The patient's diagnosis was noted to be osteoarthritis localized primary, as per the application for independent medical review. There was a lack of documentation of a physical examination and a PR2 to support the request. The request was made for a right hip ultrasound-guided cortisone injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Hip Ultrasound Guided Cortisone Injection:** 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 Chapter.

**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 steroid hip injection (IASHI).

**Decision rationale:** Official Disability Guidelines do not recommend intra-articular steroid hip injections in early hip osteoarthritis. Guidelines did indicate if an intra-articular steroid hip injection is performed, it should be used in conjunction with fluoroscopic guidance. There was a

no PR-2 submitted with an objective physical examination and documented rationale to support the request. Given the above, the request for a right hip ultrasound-guided cortisone injection was not medically necessary.