

Case Number:	CM13-0049985		
Date Assigned:	12/27/2013	Date of Injury:	04/02/2012
Decision Date:	06/04/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	11/08/2013

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 records presented for review noted a history of chronic right groin and hip pain. A severe coccydynia and intolerance are also noted associated with MRI changes of multiple level degenerative disc disease and hypersensitivity in the coccygeal region. MRI of the coccyx and CT scan of the sacrum did not identify any acute osseous abnormalities. Multiple analgesic medications are prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRP (PLATELET RICH PLASMA) INJECTION TO THE RIGHT ILLPSOAS TENDON TO THE RIGHT HIP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The 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 (Acute & Chronic) Chapter.

Decision rationale: The requested procedure is noted to be experimental with insufficient evidence-based medicine to support this type of intervention. Furthermore, when noting the pathology objectified on MRI and the lack of any acute osseous abnormalities of the greater

trochanter hip, there is little evidence in the records provided to suggest the need for such an injection. The request for a PRP injection to the right iliopectoral tendon to the right hip is not medically necessary or appropriate.