

Case Number:	CM13-0056370		
Date Assigned:	12/30/2013	Date of Injury:	12/27/2006
Decision Date:	04/30/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/22/2013

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 Family Medicine, and is licensed to practice in Arizona. 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:

Patient is a 55-year-old with date of injury on December 27, 2006. The patient has diagnoses of: right hip degenerative joint due to injury and right hip iliopsoas tendinitis. The patient underwent a right hip arthroscopy on October 31, 2007 for a labral tear, acetabular impingement and an articular cartilage defect affecting the femoral head and neck. Subjective complaints are of bilateral hip pain, worse on the right, and iliopsoas discomfort. Physical exam shows tender right iliopsoas, positive Stinchfield test, and tenderness to palpation anteriorly over the hip joint and moderately tender over the trochanteric bursa. MRI from 2009 showed evidence of possible labral tear. Right hip x-rays from 2010 revealed mild degenerative changes. Submitted documentation shows evidence that the patient has undergone intra-articular hip injections but the medical record does not document any functional improvement from these steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE RIGHT HIP 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 and 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 and Pelvis Chapter, Intra-articular Steroid Hip OInjections

Decision rationale: The ODG guidelines do not recommend injections for early hip osteoarthritis. Such injections are currently under study for moderately advanced or severe hip osteoarthritis. This patient only has evidence of early degenerative changes in the right hip from the most recent x-ray studies. Furthermore, the patient had previously undergone right hip injections, but there is no evidence of benefit or functional improvement from these injections. The request for a right intra-articular hip injection is not medically necessary or appropriate.