

Case Number:	CM13-0062590		
Date Assigned:	12/30/2013	Date of Injury:	12/20/2003
Decision Date:	06/20/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/09/2013

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 Physical Medicine and Rehabilitation, 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 injured worker is a 66-year-old with an injury reported on December 20, 2003. The mechanism of injury was not provided within the clinical notes. The clinical note dated November 13, 2013 reported that the injured worker complained of pain to right hip. The physical examination findings reported the injured worker's right hip with trochanteric tenderness and tenderness anterior hip. It was also reported the injured worker's range of motion to the right hip was 'terminally restricted' due to pain. The injured worker's diagnoses included osteoarthritis, right total knee replacement (2007), left knee replacement (2006), bladder suspension (2009), spine stimulator, epidural low back x3, radio frequency facet joint, hypertension, asthma, fibromyalgia, scoliosis, and arthritis facet joints. The request for authorization was submitted on December 8, 2013. The provider requested an intra-articular right hip joint injection; the rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTRA-ARTICULAR RIGHT HIP JOINT INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 injection (IASHI).

Decision rationale: The injured worker complained of pain to right hip. It was noted trochanteric tenderness and tenderness anterior right hip. It was also reported the injured worker's range of motion to right hip was 'terminally restricted' due to pain. The Official Disability Guidelines do not recommend intra-articular steroid hip injections (IASHI) in early hip osteoarthritis (OA). It is under study for moderately advanced or severe hip OA, but if used, should be in conjunction with fluoroscopic guidance. An intra-articular injection is recommended as an option for short-term pain relief in hip trochanteric bursitis. There is a lack of clinical information provided indicating the injured worker has trochanteric bursitis. It was noted that the injured worker has osteoarthritis; however, the severity and location was not provided. The guidelines recommend this procedure be done under fluoroscopy and the request does not contain this recommendation. The request for intra-articular right hip joint injection is not medically necessary or appropriate.