

Case Number:	CM14-0000669		
Date Assigned:	03/03/2014	Date of Injury:	07/05/1993
Decision Date:	06/30/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/02/2014

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 63 year old male who reported an injury on 07/05/1993 secondary to a fall. The clinical note dated 11/19/2013 reported the injured worker complained of pain to his right hip with log rolling and some pain with hip flexion. The physical exam revealed range of motion to include flexion of 90 degrees with internal rotation and impingement. The treatment plan included right hip intra-articular injection of Kenalog and Marcaine. The clinical document dated 06/27/2013 noted the injured worker had a right hip injection on 06/27/2011 which resulted in one year of relief with improved activities in daily living, as well as, an MRI of the right hip on 04/09/2006 which showed mild bilateral symmetric articular cartilage thinning. The request for authorization was submitted on 11/01/2013. A clear rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

A RIGH HIP INTRA-ARTICULAR INJECTION OF KENALOG & MARCAINE:

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),

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, Intra-articular steroid hip injection.

Decision rationale: The request for a Right Hip Intra-Articular Injection of Kenalog and Marcaine is not medically necessary. The injured worker has a history of hip pain treated with medications and steroid injection. The Official Disability Guidelines recommend intra-articular steroid hip injections for moderately advanced or severe hip osteoarthritis, but if used, should be in conjunction with fluoroscopic guidance and is recommended as an option for short-term pain relief in hip trochanteric bursitis. The clinical information, provided for review, stated the injured worker has been treated with an intra-articular steroid injection, to his right hip, on 06/27/2011 based on an MRI dated 04/09/2006 which showed mild bilateral symmetric articular cartilage thinning. However, there is a lack of documentation providing evidence the injured worker has been treated for advanced or severe osteoarthritis with additional injections or there have been additional x-rays or MRIs showing advanced or severe hip osteoarthritis. In addition, the guidelines recommend intra-articular steroid injections be administered in conjunction with fluoroscopic guidance. Therefore, the request for a Right Hip Intra-Articular Injection of Kenalog and Marcaine is not medically necessary.