

Case Number:	CM14-0002800		
Date Assigned:	05/23/2014	Date of Injury:	03/02/2012
Decision Date:	07/11/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/08/2014

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 Emergency Medicine and is licensed to practice in New York. 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 patient is a 52-year-old male who was injured on March 2, 2012. The patient continued to experience constant left hip and groin pain. A physical examination was notable for right-shifted gait with foreshortened left stride, decreased sensation in the left anterior thigh, and mildly decreased motor strength in bilateral hip flexion and bilateral hip abduction. An MRI of the left hip, dated April 30, 2012, reported degenerative changes at the left superior acetabulum and mild degenerative change and arthrosis of the left hip. Diagnoses included left hip arthralgia, small degenerative tear of the left superior acetabulum, and lateral femoral cutaneous neuropathy. Treatment included physical therapy, epidural steroid injections, medications, aqua therapy, and lateral cutaneous nerve block. Requests for authorization for left hip joint injection and arthrogram were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT 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: Intra-articular steroid hip injection (IASHI) is not medically necessary 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. It is recommended as an option for short-term pain relief in hip trochanteric bursitis. Intraarticular glucocorticoid injection with or without elimination of weight bearing does not reduce the need for total hip arthroplasty in patients with rapidly destructive hip osteoarthritis. A survey of expert opinions showed that substantial numbers of surgeons felt that IASHI was not therapeutically helpful, may accelerate arthritis progression or may cause increased infectious complications after subsequent total hip arthroplasty. In this case documentation does not support the diagnosis of left hip osteoarthritis or trochanteric bursitis. In addition prior hip injection had been performed and provided only 20% relief. Lack of past success is an indicator that future therapy is unlikely to be effective. The request for a left hip joint injection is not medically necessary.

ARTHROGRAM: 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, Arthrography.

Decision rationale: Arthrography is recommended for suspected labral tears. Arthrography gains additional sensitivity when combined with computed tomography (CT) in the evaluation of internal derangement, loose bodies, and articular cartilage surface lesions. Magnetic resonance (MR) Arthrography has been investigated in every major peripheral joint of the body, and has been proven to be effective in determining the integrity of intraarticular ligamentous and fibrocartilaginous structures and in the detection or assessment of osteochondral lesions and loose bodies in selected cases. A combination of MR Arthrography and a small field of view is more sensitive in detecting labral abnormalities than is conventional MRI with either a large or a small field of view. In this case the patient continued to experience severe hip pain with possible labral tear on MRI. CT Arthrography or MR Arthrography is a more sensitive study. The radiologist recommends MR Arthrography. The request is not medically necessary.