

Case Number:	CM14-0005841		
Date Assigned:	02/05/2014	Date of Injury:	03/04/2013
Decision Date:	07/17/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/13/2014

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 Anesthesiology 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:

This is a 47 year old male with a 3/4/13 date of injury. It is noted that the patient has ongoing right hip pain that responded to a steroid injection for several weeks. There was return of pain and difficulties with simple activities of daily living. Physical exam states range of motion much better than pre-operative condition at 0-130 degrees, external rotation 70 degrees, internal rotation 25 degrees. The diagnoses include right hip degenerative joint disease, and Visco supplementation under fluoroscopic guidance with platelet rich plasma was requested. The claimant is status post right hip surgery on 9/27/13 noted to have significant bone spurs, labral fraying, synovitis, and requiring osteoplasty. There was evidence of grade 4 changes diffusely throughout the anterior acetabulum and grade 3-4 changes along the anterior femoral head. The doctor is contemplating total hip replacement however had recommended one last round of conservative treatments including Visco supplementation and platelet rich plasma.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT RIGHT HIP FLUOROSCOPIC GUIDED INJECTION OF ORTHOVISC PLUS PRP INJECTIONS (PLATELET RICH PLASMA) USING STERILE KIT OF PRP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 Chapter Viscosupplementation.

Decision rationale: The ODG does state that Visco supplementation is recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments. There is evidence of at least grade 3-4 changes of the acetabulum and femoral head. The documentation does not describe objective functional outcomes from the prior injections. The doctor has suggested "one more trial of conservative treatments" and it would be helpful to understand the prior injections and the outcomes. Moreover, ODG does not consistently or overwhelmingly support the use of platelet rich plasma and states that it is understudy. Medical necessity for the requested items has not been established. The requested items are not medically necessary.