

Case Number:	CM14-0006556		
Date Assigned:	02/07/2014	Date of Injury:	01/27/2012
Decision Date:	06/20/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/16/2014

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 Occupational Medicine, 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 patient is a 52 year-old female with date of injury of 1/27/12. A primary treating physician's progress report dated 1/8/14 lists subjective complaints as pain in the right hip with associated numbness in the right lower extremity into the toes. The patient describes her pain as aching, and notes it prevents her from sleeping. She is against surgical intervention, but feels another intraarticular injection may be beneficial. There is mention made in a 9/4/13 note that the patient was to undergo a diagnostic and therapeutic injection into the right hip. Examination of the right hip revealed no tenderness to palpation over the hip or greater trochanter. There was no pain with log rolling. Range of motion was not restricted, with full internal and external rotation possible. There was positive C-sign, negative FABER and mildly positive FADIR.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 2X6 RT HIP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL THERAPY, 474

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 9792.20-9792.26, 98-99

Decision rationale: There is no evidence in the medical record that the patient has received any physical therapy. The MTUS allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus the addition of active self-directed home physical medicine. Prior to full authorization, therapeutic physical therapy is authorized for a trial of 6 visits over 2 weeks, with evidence of objective functional improvement prior to authorizing more treatments. As such, the request is medically necessary.

RIGHT HIP INJECTION: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The MTUS/ACOEM guidelines do not address this issue, so the Official Disability Guidelines were consulted. The Official Disability Guidelines state that an intra-articular steroid injection is not recommended in early hip osteoarthritis (OA). These injections are under study for moderately advanced or severe hip OA, but, if they are used, it should be in conjunction with fluoroscopic guidance. They are recommended as an option for short-term pain relief in hip trochanteric bursitis. The history and physical examination indicate that the patient does not have right hip trochanteric bursitis. As such, the request is not medically necessary.