

Case Number:	CM14-0010077		
Date Assigned:	04/09/2014	Date of Injury:	05/31/2013
Decision Date:	06/30/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/24/2014

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 61 year old male who was employed as a lead fabricator. He reported an injury on 05/31/2013. He stated that he was pushing a plate of glass on a roller table from right to left and felt pain in the right hip laterally. His chief complaint was that it hurt to twist or push sideways. Standing and walking were "okay". His diagnosis was right hip pain strain, (ischiocapsular ligament) Active x-ray was negative. On initial exam no deformities nor swelling were noted. Palpation yielded tenderness to the right greater trochanter. Range of motion was noted to be forward flexion (NL 120 degrees), extension (NL 30 degrees) and abduction (NL 50 degrees). All were "normal range without discomfort". On 08/27/2013, a right hip MRI was negative with no significant findings. A request for authorization of 12/09/2013 was found in the chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT HIP KENALOG 40MG INJECTION, UNDER FLUOROSCOPY: 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 and Pelvis chapter, intra-articular steroid hip injection (IASHI)

Decision rationale: The request for Right Hip Kenalog 40mg injection under fluoroscopy is non-certified. The injured worker is a 61 year old male who reported a twisting injury which gave him pain in his right hip. His diagnosis was right hip pain/strain. As per Official Disability Guidelines hip and pelvis chapter, intra-articular steroid hip injection (IASHI), recommends that intra-articular glucocorticoid injection is an option for short-term pain relief in hip trochanteric bursitis. It further cautions that 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. The injured worker does not have a diagnosis of hip trochanteric bursitis. Based on the data presented, the appropriate guidelines and peer reviews, this request for Right hip Kenalog 40mg injection under fluoroscopy is not medically necessary.