

Case Number:	CM14-0013068		
Date Assigned:	06/06/2014	Date of Injury:	04/29/1999
Decision Date:	08/28/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/31/2014

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:

This 68 year-old patient sustained an injury on 4/29/1999 while employed by [REDACTED]. Request under consideration include Right Intra-Articular Hip and Bursa Injection. The patient has chronic low back, hip, right leg, and left shoulder symptoms and continue to treat for 1999 injury. Conservative care has included medications, physical therapy, intra-articular hip injection (3/20/13), lumbar epidural steroid injections (2/22/13), chiropractic treatment and modified activities/reset. Report of 9/13/13 from the provider noted ongoing chronic left knee, back, right knee, right hip, and left shoulder pain. Neck pain has resolved. There was notation of question of hip involvement and need for injection as related to low back claim settlement. Current exam from the provider noted lumbar spine tenderness; gluteus medius tenderness; trochanteric bursa tenderness on right; diffusely symmetrically decreased reflexes; decreased range in multiple joints of shoulder, spine, and knees; positive SLR; negative ligament laxity testing of knees; decreased S1 dermatome sensation; and normal motor strength throughout. Two X-Ray views of right hip showed early narrowing in interior portion; however, femoral head remains spherical and well-contained within acetabulum; it was noted findings consistent with early degenerative joint disease of right hip. The request for Right Intra-Articular Hip and Bursa Injection was non-certified on 1/7/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Intra-Articular Hip and Bursa Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Hip and Pelvis Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter- Hip, Trochanteric Bursitis Injections, pages 268-269.

Decision rationale: This 68 year-old patient sustained an injury on 4/29/1999 while employed by [REDACTED]. Request under consideration include Right Intra-Articular Hip and Bursa Injection. The patient has chronic low back, hip, right leg, and left shoulder symptoms and continue to treat for 1999 injury. Conservative care has included medications, physical therapy, intra-articular hip injection (3/20/13), lumbar epidural steroid injections (2/22/13), chiropractic treatment and modified activities/reset. Report of 9/13/13 from the provider noted ongoing chronic left knee, back, right knee, right hip, and left shoulder pain. Neck pain has resolved. There was notation of question of hip involvement and need for injection as related to low back claim settlement. Current exam of 12/16/13 from the provider noted lumbar spine tenderness; gluteus medius tenderness; trochanteric bursa tenderness on right; diffusely symmetrically decreased reflexes; decreased range in multiple joints of shoulder, spine, and knees; positive SLR; negative ligament laxity testing of knees; decreased S1 dermatome sensation; and normal motor strength throughout. Two X-Ray views of right hip showed early narrowing in interior portion; findings consistent with early degenerative joint disease of right hip. It was noted previous hip injection on 3/20/13 proved 60% pain reduction. The request for Right Intra-Articular Hip and Bursa Injection was non-certified on 1/7/14. ODG does recommend hip injections as a treatment option with short-term relief for diagnosis of trochanteric bursitis, and not recommended for hip osteoarthritis as in this case and is considered under study for moderately advance hip osteoarthritis. Beside exhibiting tenderness, submitted reports have not adequately demonstrated clear specific symptoms, clinical pathology, and failure of conservative treatment such as Non-Steroidal anti-inflammatories and therapy to support for repeating the injection with concurrent early osteoarthritis diagnoses, not meeting guidelines criteria. Although previous hip injection noted 60% pain relief, no specific functional improvements were documented in terms of increased activities of daily living, decreased medication dosage, or decreased medical utilization for independent care towards a functional restoration approach. The Right Intra-Articular Hip and Bursa Injection is not medically necessary and appropriate.