MAXIMUS Federal Services

Case Number:	CM14-0016759		
Date Assigned:	04/11/2014	Date of Injury:	12/27/2010
Decision Date:	05/28/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/10/2014

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 is a 54-year-old female who sustained injury on 12/27/2010 while at work when she slipped and fell to her left hip. Treatment history includes physical therapy, myofascial release, cognitive behavioral therapy, and medications (Levothyroxine, Tylenol ES, Vistaril, Norco, Ultram, Zanaflex). An operative report dated 09/27/2013 indicates preoperative diagnosis of left hip osteoarthritis and the procedure as left total hip arthroplasty, uncemented. X-ray of the pelvis dated 09/27/2013 showed status post left total hip arthroplasty with a noncemented femoral component. There is no evidence of a periprosthetic fracture. The alignment is satisfactory. There is no radiographic evidence of a complication. A progress note dated 11/22/2013 indicates patient followed up for her left hip. She has some lateral hip pain. On physical exam showed smooth motion. Negative active SLR, but she does have a very positive Ober test and she is tender over the greater trochanter. Plan was to see her back for radiographs, 6-8 weeks of physical therapy as she only had 3 visits. A PT progress note dated 01/06/2014 indicates patient has muscular pain and feels stiffness on the side of her left hip. Patient notes that her right hip also feels stiff because of compensations from left hip limitations. Pain frequency was intermittent, aggravated with walking more than 20 minutes. Pain rating at present 5 and at best 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT HIP CORTISONE INJECTION UNDER ULTRASOUND: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Citation: Official Disability Guidelines (ODG), Hip, Intra-Articular Steroid Hip Injection.

Decision rationale: The Expert Reviewer's decision rationale: According to ODG guidelines, Intra-articular steroid hip injection is not recommended in early hip osteoarthritis, under study for moderately advanced or severe hip OA with fluoroscopic guidance, and recommended as an option for short-term pain relief in hip trochanteric bursitis. Patient is status post left total hip arthroplasty and had PT. It was unclear from the medical record if she has failed all conservative treatments that included oral pain medications and PT. It is also unclear whether Intra-articular steroid hip injection will provide pain relief in the left hip status post left total hip arthroplasty. Therefore, the medical necessity is not established.