

<b>Case Number:</b>	CM14-0111488		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	11/24/2010
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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, has a subspecialty in Pain Medicine and Interventional Pain Physicians 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 58 year-old female with a date of injury of 11/24/2010. Mechanism of injury was not discussed. 08/28/2014 Progress report states the patient continues to have right hip pain with a pain score of 8-9/10. The patient was scheduled for total hip replacement but the surgeon was not in MPN. On physical examination, the patient has an antalgic gait with right hip on flexion and positive pelvic tilt. 06/23/2014 Progress report stated that the patient is still continues to have right hip pain with pain score of 8/10. The patient had a previous intra-articular hip injection last 03/10/2014, which decreased the pain score from 9/10 to 2/10. 04/14/2014 Notice of Administrative Authorization stated the patient had an authorized request for trochanter and piriformis injections but no documentation of if it was done or evidence of its efficacy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Intra-articular right hip injection under Fluoroscopy with IV sedation - Outpatient.:**

Upheld

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

Intra-articular steroid hip injection, Not recommended in early hip osteoarthritis (OA). Under study for moderately advanced or severe hip OA, but if used, should be in conjunction with fluoroscopic guidance. Recommended as an option for short-term pain relief in hip trochanteric bursitis. (Brinks, 2011) Intraarticular glucocorticoid injection with or without elimination of weight-bearing does not reduce the

**Decision rationale:** Medical necessity is not established. ODG states that intra-articular steroid hip injection is under study for moderately advanced or severe hip OA. The patient has been cleared and was scheduled for hip replacement, however due to issues with the provider network, surgery was canceled. It is not entirely clear when the surgery will occur. Intra-articular steroids for the hip joint increase the risk of joint infection and may accelerate the arthritic progression of the hip. Furthermore, with the difficulty of intra-articular injection of the hip even with fluoroscopy, iatrogenic complications may occur which might delay the total hip replacement. Also the patient was given other therapeutic injections to the trochanter and piriformis but no evidence of pain relief or if it was done was documented. The notes described that pain was reduced from 9/10 down to 2/10. Reinjection was performed on 3/10/14 and the follow-up note from 3/24/14 describes this pain reduction. The duration of relief was not clearly documented. Hip replacement has already been authorized. Therefore this request is not medically necessary.