

Case Number:	CM14-0129407		
Date Assigned:	08/18/2014	Date of Injury:	01/24/2010
Decision Date:	09/18/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/13/2014

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 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 56-year-old female who sustained an injury to her right hip on 01/24/10 while standing on a 2 step ladder about 20 inches above the ground, she stepped backward and missed the bottom step of the ladder. She fell backwards onto a concrete floor, landing on her low back and right hip with her left hand outstretched. The injured worker felt immediate pain in her low back and right hip with associated swelling in her left hand. She presented to the clinic the following day. In May of 2010, MRI studies of the low back and right hip reportedly revealed 2 bulging discs and her right hip was out by 3 inches. The injured worker noted that 18 visits of chiropractic manipulation treatment were helpful temporarily. The most recent clinical note dated 07/07/14 reported that the injured worker had increased pain and spasms in the bilateral arm, leg, low back, and neck that she rated at 10/10 visual analog scale (VAS). The injured worker noted that the night before, her hip had given out as she was walking up some stairs. It was noted that a previous request for a Cortisone injection to the left hip was certified, but the denial of surgical center where the injection under fluoroscopic guidance was to be performed inhibited her from receiving the injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Medical Clearance for Cortisone Injection of the right hip: 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 previous request was denied on the basis that for medical clearance to be recommended, the injured worker must have comorbidity or complications putting them at risk for an in-office procedure. The injured worker did not have any reported comorbidity or complications to her medical history that may put her at risk if she were to undergo a Cortisone injection into the right hip; therefore, the request was not deemed as medically necessary. The Official Disability Guidelines state that treatment with this modality is not recommended in early hip osteoarthritis (OA). This modality is under study for moderately advancing or severe hip osteoarthritis, but if used, should be in conjunction with fluoroscopic guidance. Intra-articular glucose corticoid injection with or without elimination of weight bearing does not reduce the need for total hip arthroplasty in injured workers with rapidly destructive hip osteoarthritis. Given this, the request for 1 medical clearance for a Cortisone injection of the right hip is not indicated as medically necessary.