

Case Number:	CM14-0133910		
Date Assigned:	08/29/2014	Date of Injury:	11/05/2008
Decision Date:	10/02/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/21/2014

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 Occupational 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:

Injured worker is a female with date of injury 11/5/2008. Per primary treating physician's progress report dated 6/20/2014, the injured worker has ongoing neck and low back complaints. She has been stable since her last visit with persistent pain complaints. She does note the headaches have been "life changing" and when she has them she is bed bound. She states that she has had two episodes of severe headaches since last visit, lasting 2-3 days which she attributes to neck pain. She has been approved for left hip replacement surgery, however the pre-op clearance and Lovenox have been denied. On examination her gait is antalgic with use of cane. She does lean forward during the exam. There is increased pain upon extension. There is positive facet challenge. There is tenderness to palpation of the cervical, thoracic and lumbar paraspinals. Left facet tenderness is greater than the right. Range of motion of cervical, thoracic and lumbar spines is decreased in all planes. Decreased sensation at left C5, C6, C7, and C8 dermatomes. There is decreased sensation in left L4 dermatome. Motor exam reveals 5-/5 for left deltoid, biceps, wrist extensors, and wrist flexors. Lower extremity motor function 4+/5 for left tibialis anterior, EHL, inversion, plantarflexion and eversion. Diagnoses include 1) cervical DDD 2) cervical stenosis moderate to severe 3) lumbar radiculopathy 4) lumbar HNP 5) lumbar DDD 6) facet arthropathy of the lumbar spine 7) lumbar stenosis 8) left shoulder arthralgia 9) left hip arthralgia.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left hip corticosteroid 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 (ODG) Hip & Pelvis (Acute & Chronic)

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

Decision rationale: The MTUS Guidelines do not address the use of hip corticosteroid injections. The ODG does not recommend the use of intra-articular steroid hip injections in early osteoarthritis. It is under study for moderately advanced or severe hip OA, but if used, should be in conjunction with fluoroscopic guidance. Intraarticular glucocorticoid injection with or without elimination of weight-bearing does not reduce the need for total hip arthroplasty in patients with rapidly destructive hip osteoarthritis. 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. Per orthopedic consultation note dated 2/28/2014, the injured worker reportedly had good result from her hip injection and would like to continue with this course of treatment before proceeding to a replacement. This benefit however is noted to be transient, and does not appear to have a significant delay in total hip replacement surgery. Medical necessity for this request has not been established. The request for one left hip corticosteroid injection is not medically necessary or appropriate.

1 Pre-operative clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition pages 92-93

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78, 79, 80.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. The injured worker is a 65 year old female that is to have a total knee replacement, however, this request appears to be for pre-operative clearance for carpal tunnel release surgery. The requesting physician reports that total knee replacement surgery is currently being delayed, and the injured worker wants to pursue carpal tunnel release surgery. The claims administrator reports that this surgery was not approved, and therefore the pre-operative clearance for this surgery is not deemed necessary. The request for one pre-operative clearance is not medically necessary or appropriate.

