

<b>Case Number:</b>	CM14-0151698		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	09/12/2011
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 41 year old female with an injury date of 09/12/11. Based on the 07/30/14 progress report provided by [REDACTED] the patient complains of right hip pain. Physical examination of the right hip reveals painful range of motion limited to 80% of normal. Patient has failed all conservative treatment measures and this condition has been ongoing for at least six months. Patient remains on modified duty. Per 04/23/14 progress report provided by Fernandez, patient underwent arthroscopic right labral repair in January/February 2013, which significantly helped her hip. Diagnosis 07/30/14: right hip labral tear; right hip joint capsulitis. MRI Right Hip 07/22/14: partial detachment of anterolateral labrum; ischemia and hip joint capsulitis; gluteal tendon fraying. [REDACTED] is requesting Right Hip Injection/Arthrogram, with Manipulation under Anesthesia and Flouroscopy. The utilization review determination being challenged is dated 09/06/14. The rationale is: "modified to allow intra-articular injection under fluoroscopy only." [REDACTED] is the requesting provider, and he provided treatment reports from 06/11/14 - 08/19/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Hip Injection/Arthrogram, with Manipulation under Anesthesia and Flouroscopy:**  
Overturned

**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) ODG-TWC: Hip & Joint Chapter: Manipulation under anesthesia (MUA)

**Decision rationale:** The patient presents with right hip pain. The request is for Right Hip Injection/Arthrogram, with Manipulation under Anesthesia and Fluoroscopy. Her diagnosis dated 07/30/14 includes right hip labral tear and right hip capsulitis. MRI of the Right Hip dated 07/22/14 reveals partial detachment of anterolateral labrum schema and hip joint capsulitis. ODG-TWC Hip & Joint Chapter, Manipulation under anesthesia (MUA) section states: "Under study for adhesive capsulitis of the hip. There are no quality studies. Adhesive capsulitis of the hip is a supposedly rare but probably underestimated condition that predominantly affects middle-aged women. The first-line treatment consists of sustained-release corticosteroid intra-articular injections and physical therapy. Arthroscopy and manipulation under anesthesia may be useful in cases that are refractory to treatment. (Joassin, 2008) When prolonged frozen hip was treated with manipulation under anesthesia, after one year the hip was symptomless. (Luukkainen, 2008) Intra-operative manipulation under anesthesia (MUA) was better than nonoperative treatment for pelvic fracture. (Tosounidis, 2012) Per progress report dated 07/30/14, patient has failed all conservative treatment measures and this condition has been ongoing for at least six months. The patient has been diagnosed with right hip capsulitis, which has been supported by MRI dated 07/22/14. The request is medically reasonable with some support from ODG guidelines quoted above. Therefore, the request is medically necessary.