MAXIMUS Federal Services

Case Number:	CM14-0021532		
Date Assigned:	05/07/2014	Date of Injury:	02/18/2009
Decision Date:	07/09/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/20/2014

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 Pain Management, 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:

This patient is a 56-year-old male with date of injury of 02/18/2009. Per treating physician's report, 01/31/2014, the patient presents with both knees, low back, and left elbow pain, "I have been trying to add the hip for which there has been no response." As for the hip, the patient needs an injection under fluoroscopy as he is having a labral tear noted by MRI with a cyst." If that fails, the patient will need to see a specialist for the hip arthroscopy. Listed diagnoses include: 1. Internal derangement of the right knee. 2. Internal derangement, left knee, status post meniscectomy. 3. Discogenic lumbar condition. 4. Big toe contusion, left. 5. Epicondylitis. 6.Sleep disorder. 7. Stress and anxiety. 8. Hip joint inflammation, labral tear, and cyst. Recommendation was for hip joint under hip joint injection under fluoroscopy. The request for hip injection was denied by Utilization Review letter dated 02/19/2014 with a rationale that there was lack of comprehensive right hip history, exam and right hip treatments to date, "The extent of current right hip complaints, right hip physical exam findings, and right hip conservative care to date are not provided."

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT HIP INJECTION: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines on hip joint injections.

Decision rationale: This patient presents with persistent hip pain and the treating physician notes that there is a labral tear per MRI. The request is for right hip intraarticular injection under fluoroscopic guidance. Regarding hip joint injection, ODG Guidelines states, "not recommended in early hip osteoarthritis. Under study for moderately advanced or severe hip OA, but if used should be in conjunction with fluoroscopic guidance." In this patient, there is no evidence of early or moderately severe hip joint osteoarthritis for which injection cannot be considered. There is no discussion in the ODG Guidelines or other guidelines to consider hip joint injections for labral tear. The treating physician does not indicate that this is for diagnostic purposes. Given there is lack of support from the guidelines for intraarticular hip injections, for labral tear, and early hip joint osteoarthritis, the request is not medically necessary and appropriate

FLUROSCOPY GUIDANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not med necessary, none of the associated services are medically necessary.