

<b>Case Number:</b>	CM14-0024208		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	05/17/2011
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 is licensed to practice in Maryland. 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 48 year old female who had a work injury dated 5/17/11. Per documentation she had persistent bilateral knee pain. She underwent Hyalgan injections and an arthroscopy with lateral release, right or left (unknown date). There is a request for the medical necessity of a right hip injection .There is a 1/29/14 document where the physician states that the patient still has bilateral daily knee pain. She has had injections which haven't helped at all. It is possible that her pain is coming from her right hips. Her hips were examined and actually internal rotation, external rotation, and flexion extremes all cause knee pain bilaterally. She says the right is worse than the left. Review of her intraoperative radiographs show good preservation of the articular cartilage. Recommendation is that she will undergo a diagnostic right hip injection. If her knee pain goes away, then her residual pain is due to her hip and that would be non-industrial. There is an 11/22/13 document from the orthopedic surgeon that states that he does not think that an open bony realignment procedure is appropriate at this point in time. Her cartilage was relatively pristine in the medial and lateral compartments and she had mild to moderate changes in the patellofemoral joint. She is able to walk for exercise. There is a document that states that the patient was seen on 10-7-13 for evaluation of her bilateral knees following her Hyalgan injections. She has noted that she doesn't need Vicodin nearly as often following the injections. The document states that she returns for evaluation of her bilateral knees. They are flaring up primarily anteriorly. She takes her Voltaren ER and Prilosec. She has to take about three Vicodin per day. She has bilateral positive patellar inhibition tests. It was discussed with the patient that she has some cold sensitivity. She is wearing her Neoprene sleeves and those help a little bit. If she needs further treatment, it would have to be an open patellar realignment procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT HIP INJECTION UNDER FLUOROSCOPY:** 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, INTRA-ARTICULAR STEROID HIP INJECTION (IASHI).

**Decision rationale:** Right hip injection under fluoroscopy is not medically necessary per the ODG guidelines. The MTUS guidelines were reviewed but do not address this topic. The ODG states that hip injections are not recommended in early hip osteoarthritis (OA) and are under study for moderately advanced or severe hip OA, and if used should be in conjunction with fluoroscopic guidance. The guidelines state that this is also recommended as an option for short-term pain relief in hip trochanteric bursitis. The documentation submitted does not reveal evidence of hip osteoarthritis. There are no imaging studies with objective findings submitted. The request for right hip injection under fluoroscopy is not medically necessary.