

<b>Case Number:</b>	CM14-0026340		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	12/20/2003
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Orthopaedic Surgery 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 66 year-old female injured on December 20, 2003. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated January 8, 2014, indicates that there are ongoing complaints of knee pain secondary to a fall. The physical examination demonstrated a 5'7", 200 pound individual with complaints of left hip pain. There was tenderness over the trochanteric region with no noted instability. Diagnostic imaging studies objectified osteoarthritis of the bilateral hips. Previous treatment includes bilateral total knee arthroplasty and a reference to a right hip surgery; however the exact procedure is not outlined. A request had been made for a cortisone injection into the right hip under fluoroscopy and was not certified in the pre-authorization process on February 18, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RIGHT HIP CORTISONE 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 chapter, updated March, 2014.

**Decision rationale:** It is noted that the California Medical Treatment Utilization Schedule (CA MTUS) does not address this particular request. Referencing the Official Disability Guidelines (ODG), steroid injections are not recommended in early hip osteoarthritis. It is only under study for advanced or severe osteoarthritis. The severity of the osteoarthritis noted in the hip is not discussed, and there are no radiologic reports relative to the apostle of what is presented. As such there is insufficient clinical data presented for this request. This request is not medically necessary.