

<b>Case Number:</b>	CM14-0031132		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	06/05/2012
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 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 46 year-old patient sustained an injury on 6/5/12 from falling on the left buttock causing left thigh, hip and back pain while employed by [REDACTED]. Request(s) under consideration include Diagnostic Intra-Articular Left Hip Injection. Diagnoses include left hip developmental dysplasia with degenerative changes. Report from the chiropractic provider on 12/20/13 noted the patient continues to treat for chronic ongoing symptoms involving the neck, right shoulder, right hand, right leg, lumbar spine and hip. Exam showed full cervical range; positive SLR; slight myospasm and tenderness diffusely at gluteus, QL, piriformis, and trapezius; right 3rd digit with painful exam; guarded lumbar ROM with restricted range in all planes. Diagnoses include cervical sprain associated brachial neuritis; thoracic sprain; lumbosacral sprain with associated sciatic neuralgia; and right 3rd trigger finger. Treatment included lumbar spine and left hip injection; PT for hand; psych eval for depression. The patient remained off work. Conservative care has included medications, therapy, injections, and modified activities/rest. The request(s) for Diagnostic Intra-Articular Left Hip Injection was denied on 1/9/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic intra-articular left hip injection:** 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) Chapter- Hip, Injections, pages 268-269

**Decision rationale:** Orthopedic consultation of 11/18/13 noted hip exam with IR/ER/Flexion of right 30/30/>110 and left of 20/20/ >110 degrees with normal sensation and Trendelenburg-type gait. It was noted in the assessment the bilateral hip pain with range of motion limitations secondary to multiple hereditary exostoses with radiographic diagnosis of bilateral hip dysplasias. It was noted the patient had treated at [REDACTED] for diagnosis of MHE (multiple hereditary exostoses in 1990 confirmed by X-rays s/p left femoral neck and lesser trochanteric exostosis surgical excision in June 1999. The patient had slip and fall on 2/8/05 with radiographically diagnosed bilateral hip dysplasias in 2005. On 7/23/09, 1st surgical consultant noted the patient with very extensive involvement of her joint with surgical correction virtually impossible and the only treatment would be THA. Second orthopedic consultant noted that "it will be difficult to construe this as a Workers; Compensation injury" with recommendation for occupational change prior to 2010. The orthopedic consultant of this report of 11/18/13 the patient was "incompatible with work as a janitor given previous congenital progressive condition with will require the same lifelong treatment whether the patient worked or not." There was no recommendation for intra-articular hip injection which does not appear indicated for a congenital hip disorder. ODG does recommend hip injections as a treatment option with short-term relief for diagnosis of trochanteric bursitis, and not recommended for hip osteoarthritis or in this case, congenital hip dysplasia and is considered under study for moderately advance hip OA. Criteria for the injection does not meet guidelines criteria nor has previous steroid injections demonstrated any pain relief or specific functional improvements in terms of increased ADLs, decreased medication dosage, or decreased medical utilization for independent care towards a functional restoration approach. The Diagnostic Intra-Articular Left Hip Injection is not medically necessary and appropriate.