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| <b>Case Number:</b>   | CM14-0055048 |                              |            |
| <b>Date Assigned:</b> | 07/07/2014   | <b>Date of Injury:</b>       | 09/06/2013 |
| <b>Decision Date:</b> | 08/08/2014   | <b>UR Denial Date:</b>       | 04/12/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/24/2014 |

### 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 Rehabilitation & 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:

The patient is a 34-year-old male with date of injury of 09/06/2013. The listed diagnoses per [REDACTED] dated 03/27/2014 are: 1. Iliofemoral sprain and strain. 2. Groin iliopsoas strain. 3. Possibly pain secondary to labral tear. According to this report, the patient complains of right groin and thigh pain. The patient has been in physical therapy for his hip pain. He reports deep pain in the proximal anterior groin and thigh area that has persisted. The back and buttock pain is no longer there. He has been taking naproxen for pain relief. The physical exam shows the patient is well-developed, well-nourished, in no acute distress. He has very focused tender spots slightly inferior and medial into the anterior and superior iliac spine. There is also some tenderness along the adductor muscle proximally. Trochanter and low back is nontender. Trunk flexion range of motion is without pain. At end range of trunk extension, he reports some anterior thigh pain. There is normal lower extremity strength with dorsiflexion, knee extension, and knee flexion. With hip flexion on the right, he reports some pain in the anterior thigh. He has a slow gait today. The utilization review denied the request on 04/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Fluoroscopic guidance injection to the right hip: 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) ODG guidelines on hip joint injections.

**Decision rationale:** This patient presents with right groin, hip, and thigh pain. The treating physician is requesting one fluoroscopic guidance injection to the right hip. The MTUS and ODG Guidelines do not address this request; however, ODG Guidelines on hip joint states, Not recommended in early hip osteoarthritis (OA). Under study for moderately advanced or severe hip OA, but if used, should be in conjunction with fluoroscopic guidance. Recommended as an option for short-term pain relief in hip trochanteric bursitis. The progress report dated 03/27/2014 shows very tender spots slightly inferior and medial to the anterior and superior iliac spine, as well as along the adductor muscle proximally. In this case, the patient does not have a diagnosis of osteoarthritis of the hip. The request is not medically necessary.