

Case Number:	CM14-0061023		
Date Assigned:	07/09/2014	Date of Injury:	09/12/2013
Decision Date:	08/22/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/25/2014

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 Orthopedic Surgery and is licensed to practice in New York. 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 has pain in his neck and his lumbar spine. He also reports pain radiating to his left hip. The patient reports 10 out of 10 pain. Physical examination reveals antalgic gait on the left side. There is reduced range of lumbar motion. Patient had MRI of his lumbar spine that shows L4-5 degenerative disc condition with facet arthrosis at L3-4. MRI of the pelvis shows gluteus medius tendon insertion tendinitis on the left side. The patient takes narcotic pain medication and still has pain. At issue is whether left hip steroid injection medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intraarticular Cortisone Injection for the left hip: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines - Intra-articular steroid hip injection (IASHI).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Knee.

Decision rationale: This patient does not meet establish criteria for cortisone injection in the hip. Specifically, the patient's injury is 9 months old and the amount of physical therapy that the patient has had is not well documented. It remains unclear, physical therapy the patient has had.

The amount of conservative treatment remains unclear. The medical necessity criteria for Cortisone Injection is not met at this time.