

Case Number:	CM14-0065677		
Date Assigned:	07/11/2014	Date of Injury:	09/10/2013
Decision Date:	12/24/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/08/2014

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 Occupational Medicine 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:

According to the records made available for review, this is a 27-year-old male with a 9/10/13 date of injury. At the time (4/22/14) of request for authorization for left hip intraarticular anesthetic and steroid injection, physical therapy x6 to the left hip/thigh, and chiropractic x 6 to the left hip/thigh, there is documentation of subjective (left groin and hip pain) and objective (decreased left hip range of motion, and positive Patrick's test over left hip) findings, current diagnoses (groin pain, left hip pain, and lumbar sprain/strain), and treatment to date (previous physical therapy, previous chiropractic therapy, and medications). Medical report identifies a request for left hip injection under fluoroscopic guidance. The number of previous physical therapy treatments as well as chiropractic treatments cannot be determined. Regarding left hip intraarticular anesthetic and steroid injection, there is no documentation of moderately advanced or severe hip osteoarthritis or as short term pain relief in hip trochanteric bursitis. Regarding physical therapy x6 to the left hip/thigh, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medical services as a result previous physical therapy treatments provided to date. Regarding chiropractic x6 to the left hip/thigh, there is no documentation of objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left hip intraarticular anesthetic and steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis, Intra-articular steroid hip injection (IASHI)

Decision rationale: MTUS does not address the issue. ODG identifies documentation of moderately advanced or severe hip osteoarthritis or as short term pain relief in hip trochanteric bursitis, as criteria necessary to support the medical necessity of intra-articular steroid hip injection. In addition, ODG additionally identifies that injection should be used in conjunction with fluoroscopic guidance. Within the medical information available for review, there is documentation of diagnoses of groin pain, left hip pain, and lumbar sprain/strain. In addition, there is documentation that injection will be used in conjunction with fluoroscopic guidance. However, there is no documentation of moderately advanced or severe hip osteoarthritis or for short term pain relief in hip trochanteric bursitis. Therefore, based on guidelines and a review of the evidence, the request for left hip intraarticular anesthetic and steroid injection is not medically necessary.

Physical Therapy x6 to the left hip/thigh: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines ODG: Hip & Pelvis, Physical Therapy (PT)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of sprains and strains of hip and thigh not to exceed 9 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of groin pain, left hip pain, and lumbar sprain/strain. In addition, there is documentation of previous physical therapy treatments. However, there is no documentation of the number of previous physical therapy treatments and, if the number of treatments have exceeded guidelines, remaining functional deficits that would

be considered exceptional factors to justify exceeding guidelines. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medical services as a result of previous physical therapy treatments provided to date. Therefore, based on guidelines and a review of the evidence, the request for physical therapy x6 to the left hip/thigh is not medically necessary.

Chiropractic x6 to the left hip/thigh: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 59-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Hip & Pelvis, Manipulation

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that manual therapy/manipulation is recommended for chronic pain if caused by musculoskeletal conditions, and that the intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. ODG supports up to 10 treatments for hip complaints. Within the medical information available for review, there is documentation of diagnoses of groin pain, left hip pain, and lumbar sprain/strain. In addition, there is documentation of previous Chiropractic treatments. However, there is no documentation of the number of previous chiropractic treatments, to determine if guidelines has already been exceeded or will be exceeded with the additional request. In addition, given documentation of previous chiropractic treatments, there is no documentation of objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Therefore, based on guidelines and a review of the evidence, the request for chiropractic x 6 to the left hip/thigh is not medically necessary.