

Case Number:	CM14-0068991		
Date Assigned:	08/04/2014	Date of Injury:	11/03/2006
Decision Date:	09/10/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/14/2014

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 Pennsylvania. 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 claimant is a 48-year-old gentleman who was injured in a work related accident on November 3, 2006. Records indicate an injury to the low back and the right hip. Specific to the claimant's right hip, there is documentation of a May 1, 2014 progress report indicating continued complaints of pain with difficulty with mobility. Objectively, there is tenderness to palpation to the right hip with no other documented clinical findings. The claimant's working assessment on that date was of chronic low back pain, status post radiofrequency ablation at L2 through L5 with right hip greater trochanteric bursitis and right hip avascular necrosis. A fluoroscopy guided right hip injection was recommended for the purpose of pain reduction. Previous treatment has included a right hip arthroscopy and debridement in December of 2008. Recent imaging includes an August 2009 MRI scan that showed evidence of prior avascular necrosis with no evidence of subchondral collapse of the femoral head and no acute clinical findings. There is no documentation of further imaging for review with this individual. As stated, there is request for an intra-articular hip injection to be performed under fluoroscopic guidance with preoperative clearance and testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Hip Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC, Hip.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) - Treatment in Worker's Compensation, 18th Edition, 2013 Updates, Hip procedure - Intra-articular steroid hip injection (IASHI).

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, the role of an intra-articular hip injection would not be indicated. While injections should be performed under fluoroscopic guidance, they are typically only recommended for short term use in the setting of advanced underlying arthritis. This individual is with a prior diagnosis of avascular necrosis with no recent imaging in the past four years nor physical examination findings demonstrating acute intra-articular hip pathology. Without a better understanding of this individual's internal hip pathology findings, the acute need of a hip intra-articular injection based on imaging from 2009 and absent physical examination findings, would not be supported and are not medically necessary.

Fluoroscopy Guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-op Clearance History & Physical: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Complete Blood Count: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Comprehensive Metabolic Panel: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Chest X-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.