MAXIMUS Federal Services

Case Number:	CM14-0069120		
Date Assigned:	07/14/2014	Date of Injury:	09/17/2012
Decision Date:	08/21/2014	UR Denial Date:	04/23/2014
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 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:

Medical records reflect a claimant with a work related injury dated 9-17-12. The claimant has been treated with left hip injection, platelet rich plasma injection, medications and physical therapy. The claimant reported short term relief with the injections. The claimant continues with complaints of left hip pain. She is using medications. MRI of the left lower extremity showed a presumed cartilaginous labral tear. Exam from 3-14-14 notes the claimant has an antalgic gait, straight leg raise (SLR) is negative, motor strength is symmetric, deep tendon reflexes (DTRs) are equal bilaterally and she has restricted range of motion of the left hip. It was recommended the claimant see an orthopedic surgeon to evaluate for arthroscopic option. The evaluator recommended a left hip intraarticular injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

inject spine lumbar /sacral: Upheld

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

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 pelvis chapter - injections.

Decision rationale: Medical records reflect the claimant has been treated with left hip injection, platelet rich plasma injection, medications and physical therapy. The claimant reported short term relief with the injections. The claimant continues with complaints of left hip pain. MRI of the left lower extremity showed a presumed cartilaginous labral tear. Based on the records provided the request for lumbar/sacral injections is not supported by the records provided, nor current evidence based medicine. Current treatment guidelines reflect that hip injections are under study for moderately advanced or severe hip osteoarthritis (OA), but if used, should be in conjunction with fluoroscopic guidance. Guidelines recommended as an option for short-term pain relief in hip trochanteric bursitis. The claimant does not present with any of these conditions. Additionally, she has been referred to an orthopedist for consideration of arthroscopic surgery. As per above prior hip injection provided only short term relief. Therefore, repeated injections is not reasonable or medically indicated.