

Case Number:	CM14-0193903		
Date Assigned:	12/01/2014	Date of Injury:	02/19/2010
Decision Date:	01/20/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/19/2014

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 & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 injured worker is a 61 year old female who reported an injury on 02/19/2010 that affected her left hip. Diagnosis includes left hip pain and functional disability. The treating physician's examination note dated 09/04/2014 stated the injured worker complained of ongoing aching pain in her left hip. The physician also noted stiffness to hip rotation and weakness to resisted flexion extension and abduction. There was also noted gait abnormalities and tenderness over the greater trochanter. Pelvic X-rays were repeated and showed a 3 mm joint space on the left side with a spur forming in the region of the trochanteric bursa. Notes indicate she had past trochanteric injections that have not been successful. The physician's note dated 12/01/2014 states the injured worker received a left hip trochanteric burse injection in May 2014 which only provided dramatic benefits for a few weeks. The request is for a Cortizone injection in the left hip that was denied in the UR decision 11/06/2014 due to no documented benefit from previous injections and no documented functional deficits to support the diagnosis of hip pathology. Additionally, information provided did not include x-ray results that indicated the severity of hip arthritis to support medical necessity. ODG Guidelines were utilized in the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortizone Injection to left hip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) 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 & Pelvis (Acute & Chronic)Hip- Intra-articular steroid hip injection (IASHI); Trochanteric bursitis injections

Decision rationale: Cortizone Injection to left hip is not medically necessary per the ODG Guidelines. The ODG states that for trochanteric pain, corticosteroid injection is safe and highly effective, with a single corticosteroid injection often providing satisfactory pain relief. The ODG states that intra-articular steroid hip injection (IASHI) is 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. Intra-articular steroid hip injection (IASHI) is recommended as an option for short-term pain relief in hip trochanteric bursitis. The documentation does not indicate efficacy from prior cortisone injections. There is no objective imaging studies to confirm how severe the hip arthritis is. The request for cortizone injection to the left hip is not medically necessary.