

Case Number:	CM15-0001135		
Date Assigned:	01/12/2015	Date of Injury:	07/22/2010
Decision Date:	03/19/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 65-year-old female who reported an injury on 07/22/2010 after a fall. The injured worker reportedly sustained an injury to her right ankle, right hip and right knee. The injured worker was conservatively treated and ultimately underwent a right hip diagnostic arthroscopy in 02/2013. This was followed by pain management with medications and physical therapy. The injured worker was evaluated on 10/23/2014. It was documented that the injured worker was taking medications to include Lidoderm patches, metformin, Voltaren topical, Tylenol, and warfarin. It was noted that the injured worker had undergone an MRI of the knee that did not demonstrate a meniscal tear. The injured worker's diagnoses included pain in joint involving lower limb. The physical findings included pain with range of motion. A request for an ultrasound guided intra-articular right hip injection was submitted on 12/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided intra-articular right hip injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation (ODG-TWC) Hip & Pelvis Chapter

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, Intra-articular steroid hip injection (IASHI).

Decision rationale: The requested ultrasound guided intra-articular right hip injection is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not address this request. The Official Disability Guidelines recommend intra-articular steroid hip injections for patients with moderately advanced to severe hip osteoarthritis. The clinical documentation submitted for review does not provide any recent documentation of significant deficits to support moderate to severe osteoarthritis of the hip. Additionally, there is no recent imaging studies provided to support the diagnosis of moderate to severe osteoarthritis of the hip. In the absence of this information, the requested ultrasound guided intra-articular right hip injection is not medically necessary or appropriate.