

<b>Case Number:</b>	CM15-0003460		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	09/26/2004
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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  
 Certification(s)/Specialty: Internal Medicine

### 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 53 year old male, who sustained an industrial injury on 09/26/2004. He has reported subsequent neck, thoracic, left shoulder, low back and left hip pain. The diagnoses have included enthesopathy of hip, left hip labral tear and femoroacetabular impingement left. Treatment to date has included oral pain medication, application of heat and ice, massage, TENS unit, physical therapy and surgery. Currently the IW complains of constant left hip pain with stiffness, locking, catching, loss of motion and numbness/tingling. The pain was rated as a 5/10 and was noted to be unimproved after 6 sessions of physical therapy. Objective physical examination findings of the left hip were notable for tenderness in the anterior inferior iliac spine region, positive Faber test, mild groin discomfort and discomfort with resisted hip flexion. Gait was noted to be normal and hip strength was noted to be good. The physician requested a trial of cortisone injection due to ongoing pain in the hip. On 12/24/2014, Utilization Review non-certified a request for a trial of Cortisone US injection of the left hip noting that intra-articular corticosteroid injections of the hip are not recommended for conditions other than moderately advanced severe hip osteoarthritis. MTUS Chronic Pain Treatment and ODG guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One trial of cortisone US injection to the left hip:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter, Intra-articular Steroid Injection Section

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hip & Pelvis (Acute & Chronic)

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) does not address intra-articular hip injection. Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic) indicates that intra-articular steroid hip injection is not recommended in early hip osteoarthritis, and is under study for moderately advanced or severe hip osteoarthritis. Intra-articular glucocorticoid injection does not reduce the need for total hip arthroplasty in patients with rapidly destructive hip osteoarthritis. A survey of expert opinions showed that substantial numbers of surgeons felt that intraarticular glucocorticoid injection was not therapeutically helpful, may accelerate arthritis progression or may cause increased infectious complications after subsequent total hip arthroplasty. Historically, using steroids to treat hip osteoarthritis did not seem to work very well. The hip joint is one of the most difficult joints in the body to inject accurately, and entry of the therapeutic agent into the synovial space cannot be ensured without fluoroscopic guidance. The progress report dated December 17, 2014 documented that the patient ambulated with a normal gait pattern. Physical examination of the left hip demonstrated that there was no tenderness about the greater trochanter or hip joint. The patient is tender about the anterior inferior iliac spine. Log roll is negative. Flexion was 120 degrees without discomfort. External rotation was 35 degrees without discomfort. Abduction was 40 degrees without discomfort. Internal rotation was 25 degrees, with discomfort in the groin. Dynamic impingement test was negative. FABER was positive. Mild groin discomfort was demonstrated. Good hip strength. Discomfort with resisted hip flexion was noted. No discomfort with resisted hip abduction was noted. Neurovascular was intact. No imaging study results were noted. Trial of cortisone hip injection was requested. The 12/17/14 progress report did not document objective evidence of significant hip pathology. Therefore, the request for cortisone injection of the hip is not supported by the medical records. Therefore, the request for one trial of cortisone injection to the left hip is not medically necessary.