

<b>Case Number:</b>	CM15-0008897		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	12/22/1986
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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: New Jersey  
 Certification(s)/Specialty: Family Practice

### 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 63 year old female, who sustained an industrial injury on 12/22/1986. She has reported motor vehicle accident sustaining a fracture of the femur that was corrected with Open Reduction and Internal Fixation (ORIF) of the right knee with intramedullary rod. Past surgical history included right Total Knee Replacement (TKR) 11/28/11, right knee open debridement and quadricepsplasty 3/25/13, and right knee cortisone injection 4/24/13. The diagnoses have included primary osteoarthritis, Achilles tendinitis, and back pain. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs). Currently 12/31/14, the IW complains of back pain, joint pain, muscle cramps with muscle weakness and stiffness. Physical examination documented left hip extension, zero (0) degrees, internal rotation 10 degrees and external rotation 25 degrees. Plan of care included medications as ordered, home exercises and a left hip injection. On 1/6/2015 Utilization Review modified-certification of a left hip aspiration x 1, and non-certified preoperative electrocardiogram (EKG), and preoperative laboratory evaluation including comprehensive metabolic panel, Complete Blood Count (CBC), and urinary analysis, noting there was no documentation of a pending surgery submitted. The ODG Guidelines were cited. On 1/15/2015, the injured worker submitted an application for IMR for review of left hip aspiration, and preoperative electrocardiogram (EKG), and preoperative laboratory evaluation including comprehensive metabolic panel, Complete Blood Count (CBC), and urinary analysis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Hip Cortisone Injection and Aspiration: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hip and Pelvis section, Intra-articular steroid hip injection.

**Decision rationale:** The MTUS is silent regarding hip joint corticosteroid injections. The ODG, however, states that they are not recommended for early hip osteoarthritis, but possibly for short-term pain relief for moderate or severe hip osteoarthritis and only with the use of fluoroscopic guidance. In the case of this worker, who has moderate to severe osteoarthritis, it is reasonable to recommend intra-articular cortisone injection. However, there was insufficient evidence to suggest that this request included ultrasound guidance (not stated in request), and there is no subjective or objective evidence found in the documentation to suggest an aspiration of the joint was reasonable or appropriate, such as in the setting of suspected joint infection or hemorrhage. Therefore, the request for left hip cortisone injection and aspiration will be considered medically unnecessary.

**Preoperative Electrocardiogram: 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 Lower Back section, Preoperative ECG.

**Decision rationale:** The MTUS is silent regarding preoperative electrocardiograms. The ODG, however, states that preoperative ECG is recommended only for vascular surgeries that are high risk, for some cases of intermediate risk procedures, depending on the patient's history, but is not recommended for any low risk procedures. In the case of this worker, the proposed procedure was an intra-articular hip cortisone injection, which would be considered a low risk procedure, and therefore, the electrocardiogram is not medically necessary.

**Preoperative Complete Metabolic, Complete Blood Count, and Urine Analysis: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Criteria for Preoperative Lab Testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lower Back section, Preoperative testing.

**Decision rationale:** The MTUS Guidelines do not address preoperative blood testing. The ODG, however, states that preoperative urinalysis is recommended for patients undergoing invasive urologic procedures and those undergoing implantation of foreign material, electrolyte and creatinine testing should be performed in patients with underlying chronic disease and those taking medications that predispose them to electrolyte abnormalities or renal failure, random glucose testing should be performed in patients at high risk of undiagnosed diabetes mellitus, and a complete blood count is indicated for patients with diseases that increase the risk of anemia or patients in whom significant perioperative blood loss is anticipated. In the case of this worker, there is no evidence to suggest any of these conditions applied to the worker to justify any blood work to be performed prior to the anticipated intra-articular steroid injection procedure, which is already a low risk procedure. Therefore, the preoperative complete metabolic, complete blood count, and urine analysis will be considered medically unnecessary.