

Case Number:	CM15-0106941		
Date Assigned:	06/11/2015	Date of Injury:	06/07/2013
Decision Date:	07/16/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/03/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 43-year-old who has filed a claim for chronic hip pain reportedly associated with an industrial injury of June 7, 2013. In a Utilization Review report dated May 28, 2015, the claims administrator failed to approve a request for hip corticosteroid injection therapy with associate ultrasound guidance. The claims administrator referenced a RFA form received on April 29, 2015 in its determination. The claims administrator stated that its denial was based, in large part, on adverse Utilization Review determination and the alleged failure of the attending provider to furnish supporting rationale. The applicant's attorney subsequently appealed. On May 20, 2015, the applicant reported bilateral hip pain complaints, 8-9/10. The applicant was no longer working as a police officer, it was reported. Catching, grinding, and weakness about the hips were noted. Motrin had not proven particularly effective, it was reported. Positive signs of internal impingement were noted about the hip, with limited range of motion appreciated about the same. The attending provider posited that the applicant's earlier left and right hip MRIs were notable for a labral tear, earlier degenerative joint disease of the hips, and bilateral hip impingement syndrome. Hip corticosteroid injection therapy under ultrasound guidance was sought. The attending provider stated that the hip corticosteroid injections could potentially play both a diagnostic and/or therapeutic role. The applicant was obese, with a BMI of 37, it was reported. The applicant had undergone shoulder surgery on May 11, 2015, it was reported. The remainder of the file was surveyed. There was no evidence that the applicant had had prior hip corticosteroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection with ultrasound guidance for the bilateral hips, Qty: 2: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (1) ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Hip and Groin Disorders, pg 180 1.

Decision rationale: Yes, the request for cortisone injection with ultrasound guidance to the bilateral hips was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Hip and Groin Chapter notes on page 180 that glucocorticosteroid injections are recommended in the treatment of hip impingement syndrome or labral tears, as were reportedly present here. The attending provider did state that the applicant had issues with bilateral hip labral tearing and/or hip impingement syndrome present on or around the date of the request. The attending provider also stated that the hip corticosteroid injection in question could also play a diagnostic role. The Third Edition ACOEM Guidelines Hip and Groin Chapter also supports the usage of injections to assist in the diagnosis of subacute or chronic hip pain of unclear etiology. Here, the attending provider stated that the applicant had issues with hip and groin pain attributed to impingement syndrome versus labral tearing. The attending provider posited that the injections in question could potentially play a diagnostic and/or therapeutic role. The request in question was framed as a first-time request. There was no concrete evidence that the applicant had had prior hip corticosteroid injections. Therefore, the request is medically necessary.

