

Case Number:	CM15-0107258		
Date Assigned:	06/11/2015	Date of Injury:	12/04/2012
Decision Date:	07/13/2015	UR Denial Date:	06/01/2015
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: California
Certification(s)/Specialty: Emergency 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 (IW) is a 50-year-old female who sustained an industrial injury on 12/04/2012. Diagnoses include left total knee arthroplasty revision and right hip pain. Treatment to date has included medications. According to the PR2 dated 5/26/15, the IW reported she had lost her prescription for Percocet and had been off medications for approximately two weeks. Since going through withdrawals, she stated she felt better. Stated she was taking only Tylenol, but noting more pain in her left knee and right hip. She was unable to sleep on her right side and was using a cane for walking. On examination, the right hip was painful and tender over the greater trochanter and her gait was antalgic. X-ray of the right hip showed no arthritic changes. A request was made for physical therapy twice weekly for six weeks for the hips and a right hip cortisone injection under ultrasound guidance for right hip pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the hips, 2 times weekly for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation ACOEM (American

College of Occupational and Environmental Medicine) Web Version, Premium Edition. Greater Trochanteric Pain Syndrome.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine, Page 98-99, recommend continued physical therapy with documented objective evidence of derived functional improvement. The injured worker has pain in her left knee and right hip. She was unable to sleep on her right side and was using a cane for walking. On examination, the right hip was painful and tender over the greater trochanter and her gait was antalgic. X-ray of the right hip showed no arthritic changes. The treating physician has not documented objective evidence of derived functional improvement from completed physical therapy sessions, nor the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program, nor the medical necessity for a current trial of physical therapy beyond six sessions and then re-evaluation. The criteria noted above not having been met, physical therapy for the hips, 2 times weekly for 6 weeks is not medically necessary.

Right hip cortisone injection under ultrasound guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM (American College of Occupational and Environmental Medicine) Web Version, Premium Edition. Greater Trochanteric Pain Syndrome.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis, Acute & Chronic; Intra-articular steroid hip injection (IASHI).

Decision rationale: The requested Right hip cortisone injection under ultrasound guidance, is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Hip & Pelvis, Acute & Chronic; Intra-articular steroid hip injection (IASHI) note: 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. Recommended as an option for short-term pain relief in hip trochanteric bursitis". The injured worker has pain in her left knee and right hip. She was unable to sleep on her right side and was using a cane for walking. On examination, the right hip was painful and tender over the greater trochanter and her gait was antalgic. X-ray of the right hip showed no arthritic changes. The treating physician has not documented objective diagnostic evidence of significant hip osteoarthritis. The criteria noted above not having been met, Right hip cortisone injection under ultrasound guidance is not medically necessary.