

Case Number:	CM15-0163936		
Date Assigned:	09/01/2015	Date of Injury:	08/19/2014
Decision Date:	10/06/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/20/2015

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, California
 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:

This is a 58-year-old male patient, who sustained an industrial injury on 8-19-14. He sustained the injury when he stepped off a railroad track and slipped and fell. The diagnoses include trochanteric bursitis; myofascial pain syndrome; lumbar disc displacement and lumbar radiculopathy, lumbar spinal stenosis. Per the doctor's note dated 8/14/15, he had complaints of lumbar pain at 3-7/10. The physical examination revealed painful, stiff and decreased range of motion of the lumbosacral spine, positive SLR for low back pain at 50 degrees and muscle guarding on palpation. Per the doctor's note dated 8/13/15, he had pain in his back, right buttock and posterior thigh. Per the doctor's note dated 7/24/15, he had complaints of right hip pain. The medications list includes mobic. He has had right hip MRI on 9/25/14, which revealed minimal right hip joint effusion; EMG/NCS dated 8/4/15, which revealed right S1 radiculopathy; lumbar spine MRI in 2014. He has had right hip intraarticular cortisone injection on 5/26/15. Treatment to date has included injections; physical therapy; home exercise program; chiropractic; acupuncture and anti-inflammatories. The request was for right hip ultrasound injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right hip ultrasound injection: 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 & Pelvis Intra articular steroid hip injection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Hip & Pelvis (updated 09/24/15) Intra-articular steroid hip injection (IASHI).

Decision rationale: Right hip ultrasound injection. Per the ODG intraarticular steroid hip injection is "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. (Brinks, 2011) Intraarticular glucocorticoid injection with or without elimination of weight-bearing does not reduce the need for total hip arthroplasty in patients with rapidly destructive hip osteoarthritis. (Villoutreix, 2005) A survey of expert opinions showed that substantial numbers of surgeons felt that IASHI was not therapeutically helpful, may accelerate arthritis progression or may cause increased infectious complications after subsequent total hip arthroplasty. (Kasper, 2005) Historically, using steroids to treat hip OA did not seem to work very well, at least not as well as in the knee." There is no high grade scientific evidence to support hip joint injection for this diagnosis. Evidence of moderate or severe osteoarthritis of the right hip is not specified in the records provided. Patient had right hip intraarticular cortisone injection on 5/26/15. Documented evidence of functional improvement with this injection is not specified in the records provided. Failure to previous conservative therapy including physical therapy and pharmacotherapy is not specified in the records provided. The medical necessity of Right hip ultrasound injection is not fully necessary in this patient at this time.