

<b>Case Number:</b>	CM15-0181573		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	02/20/2015
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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: Physical Medicine & Rehabilitation

### 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 58 year old female, who sustained an industrial injury on 2-20-15. The injured worker was diagnosed as having right hip labral tear. Physical therapy notes (6-4-15 through 6-16-15) indicated 3 out of 10 pain at best and 8 out of 10 pain at worst. The physical exam on 7-13-15 revealed right hip flexion 90 degrees, abduction 30 degrees, forward internal rotation 5 degrees and forward external rotation 20 degrees. Treatment to date has included physical therapy x 6 sessions "without improvement" and a right hip MRI on 8-17-15 showing subtle enhancing tear at the base of the anterosuperior labrum. As of the PR2 dated 8-31-15, the injured worker reports pain in her right hip. There was no documentation regarding the current pain level. Objective findings include right hip flexion 90 degrees, abduction 30 degrees, forward internal rotation 5 degrees and forward external rotation 20 degrees. The treating physician requested an ultrasound guided cortisone injection for the right hip. On 9-1-15, the treating physician requested a Utilization Review for an ultrasound guided cortisone injection for the right hip. The Utilization Review dated 9-8-15, non-certified the request for an ultrasound guided cortisone injection for the right hip.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound guided cortisone injection for right 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 - Treatment for Workers' Compensation (ODG-TWC) Hip and Pelvis last updated 08/20/15.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Chapter under Intra-articular steroid hip injection (IASHI).

**Decision rationale:** The patient presents with right hip pain. The request is for Ultrasound guided cortisone injection for right hip. The request for authorization is dated 09/01/15. MRI of the right hip, 08/17/15, shows there is subtle enhancing tear at the base of the anterosuperior labrum; relatively spherical femoral head; there is narrowing of the right ischiofemoral interval with minimal edema within the quadratus femoris; mild bilateral gluteus medius tendinosis/tendinopathy. Physical examination reveals tenderness to palpation over the AHS. Positive subspine, lateral, and FADDIR impingement tests. She started physical therapy; she has had 6 treatments to date without improvement. Per progress report dated 08/31/15, the patient is full duty. ODG guidelines, Hip and Pelvis Chapter under Intra-articular steroid hip injection (IASHI) Section states, "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) Intra articular glucocorticoid injections with or without elimination of weight-bearing does not reduce the need for total hip arthroplasty in patients with rapidly destructive hip osteoarthritis." Under the topic 'Sacroiliac Joint Blocks', ODG also states that "Responsiveness to prior interventions with improvement in physical and functional status to proceed with repeat blocks or other interventions." Treater does not discuss the request. In this case, the patient continues with right hip pain. Patient's diagnosis includes right hip mild FAI and right hip labral tear. ODG supports Injection of the Hip for bursitis and osteoarthritis. However, physical exam findings, patient's diagnoses, and MRI study do not show evidence of bursitis or osteoarthritis. Therefore, the request is not medically necessary.