

Case Number:	CM15-0197296		
Date Assigned:	10/12/2015	Date of Injury:	08/05/2014
Decision Date:	11/19/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/07/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 55 year old female with a date of injury of August 5, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for sacroiliac joint pain, left hip joint pain, and bursitis of the left trochanteric bursa. Medical records dated July 24, 2015 indicate that the injured worker complained of left hip pain and stiffness. A progress note dated September 4, 2015 documented complaints similar to those reported on July 24, 2015. Per the treating physician (September 4, 2015), the employee had modified work duties (specifics not documented). The physical exam dated July 24, 2015 reveals limping gait, use of a cane, moderate tenderness at the left groin, lateral hip, and left sacroiliac joint, positive March test, and limited range of motion of the left hip with pain at end range of motion. The progress note dated September 4, 2015 documented a physical examination that showed a normal gait, moderate tenderness at the left groin, lateral hip, and left sacroiliac joint, positive March test, and range of motion of the left hip limited by pain. Treatment has included five sessions of physical therapy with no relief, cortisone injection of the left hip (January of 2015) with no relief, and magnetic resonance imaging of the left hip (April 27, 2015) that showed evidence of degeneration of the superior left hip labrum, discrete tear not thickened, and bilateral gluteus medius peritendinitis, left greater than right. The original utilization review (September 16, 2015) non-certified a request for a cortisone injection of the left hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection for the left help: 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.

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 section, intraarticular corticosteroid injections.

Decision rationale: CA MTUS is silent on the subject of intraarticular corticosteroid injections of the hip. According to ODG, hip and pelvis section, intraarticular corticosteroid injections of the hip are 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. 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. In this case the injured worker does not have severe hip arthritis based on imaging reports, therefore the determination is not medically necessary.