MAXIMUS Federal Services

Case Number:	CM15-0205719		
Date Assigned:	10/22/2015	Date of Injury:	04/13/2000
Decision Date:	12/04/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/20/2015

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: 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:

The injured worker is a 70 year old female, who sustained an industrial injury on 4-13-00. The injured worker is diagnosed with right hip sprain with labral tear. The injured worker is not currently working. Notes dated 7-13-15, 8-3-15 and 9-8-15 reveals the injured worker presented with complaints of frequent-intermittent hip pain that is increased with prolonged sitting and most movements and decreased with rest and therapy. Her pain is rated at 5-7 out of 10. She reports she is able to stand for 5 minutes, walk for 20 minutes and lift 16 pounds as well as doing some dishes and laundry and limited shopping. She reports her most vigorous activity is reading, sitting and going to the store. Physical examinations dated 8-3-15 and 9-8-15 revealed an altered gait and she is able to sit with hips flexed at 90 degrees. She experiences increased pain with internal-external hip rotation with some rock away guarding; weakness in noted with left hip flexor extensors. Treatment to date has included medication, which reduces her pain by 2 out of 10 and physical therapy is helpful per note dated 9-8-15. Diagnostic studies include hip MRI. A request for authorization dated 9-8-15 for pain management consult for an intra-articular hip injection is denied, per Utilization Review letter dated 9-25-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consult (for intra-articular hip injection): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations, page 127.

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 for non-certification, therefore is not medically necessary.