

<b>Case Number:</b>	CM15-0207151		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	05/03/2006
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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 62-year-old female with a date of industrial injury 5-3-2006. The medical records indicated the injured worker (IW) was treated for osteoarthritis of the hip. In the progress notes (10-6-15), the IW reported localized right groin pain that was present even before the recent hip revision surgery. She stated she also fell onto the right hip recently, but the pain related to that incident was getting better. On examination (10-6-15 notes), the right hip was unremarkable except for pain in the right groin with resisted hip flexion. Treatments included hip surgery (7-31-15) and physical therapy. Medications were Advil and Ambien. X-ray of the right hip on 9-15-15 showed "status post revision of right total hip arthroplasty with no evidence for complication". The IW was retired. An injection of the iliopsoas tendon sheath was recommended for treatment of the chronic inflammation of the tendon. A Request for Authorization was received for outpatient right hip iliopsoas tendon sheath injection. The Utilization Review on 10-15-15 non-certified the request for outpatient right hip iliopsoas tendon sheath injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Right hip Iliopsoas tendon sheath 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 (ODG) - Injection.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip / Psoas blocks.

**Decision rationale:** Per ODG Hip/Psoas blocks, and hip iliopsoas tendon sheath injection is "Recommended as an option after a one-month physical therapy trial." In this case there is no evidence of ongoing symptoms despite a one-month physical therapy trial. Thus the recommendation is not medically necessary.