

Case Number:	CM15-0207267		
Date Assigned:	10/26/2015	Date of Injury:	08/12/2013
Decision Date:	12/16/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	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, North Carolina
 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:

The injured worker is a 32 year old female with an industrial injury dated 08-12-2013. A review of the medical records indicates that the injured worker is undergoing treatment for right groin sprain and strain, right hip sprain and strain, lumbar sprain and strain, and right lower extremity radiculopathy. In progress report dated 09-02-2015, the injured worker reported the ongoing pain in the right hip, right groin and lumbar spine. Objective findings revealed tenderness and decrease range of motion of right hip and lumbar spine. According to the progress note dated 10-07-2015, the injured worker reported low back pain, right hip pain, and right groin area. Objective findings (10-07-2015) revealed tenderness, spasm, decreased range of motion of lumbar spine, and tenderness of decrease range of motion of right hips. The injured worker remains off work. Treatment has included Computed tomography MR Arthrogram of right hip on 09-03-2015, prescribed medications, and periodic follow up visits. The utilization review dated 10-15-2015, non-certified the request for cortisone injection to the right hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection to the right hip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Hip Section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pelvis (intra-articular steroid hip injection).

Decision rationale: The claimant's date of injury was in 2013. She suffered a contusion to her lower extremity. On 10/7/15, she complained of low back pain. Physical exam showed tenderness to palpation over the low back and right hip. There was also some decreased range of motion of the right hip. Previous treatment is not fully documented. The request is for an intra-articular steroid injection of the right hip, which can be indicated in advanced osteoarthritis of the hip. Injections are not indicated for early osteoarthritis. The patient underwent an MR arthrogram on 9/2/2015 and the impression did not contain findings of osteoarthritis, which is consistent with the patient's young age of 32 years. Therefore, the request is not medically necessary or appropriate.