

Case Number:	CM15-0207746		
Date Assigned:	10/26/2015	Date of Injury:	04/05/2007
Decision Date:	12/08/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/22/2015

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 57-year-old female who sustained a work-related injury on 4-5-07. Medical record documentation on 8-20-15 revealed the injured worker was being treated for labral tear of the hip and right femoral acetabular impingement. She reported continued pain and discomfort in the right hip and pain in the medial thigh, posterior buttock and groin. She reported that her pain increased with activity. Objective findings included right hip flexion to 110 degrees, external rotation to 40 degrees, and internal rotation to 30 degrees. She had a mildly positive impingement test and FABER test. She had no evidence of instability and noted a clicking with right hip range of motion. There was no evidence of hip instability and no evidence of snapping of the medial psoas tendon rule out lateral tensor fascia. An MRI of the right hip on 8-7-15 revealed chondral labral separation of the superior labrum with a superior labral tear without separation and a dysplasia of her femoral head-neck junction consistent with a femoral acetabular impingement. Previous treatment included injections, pain management and chiropractic therapy, which was of no benefit. A request for injection of the right hip was received on 9-30-15. On 10-8-15, the Utilization Review physician determined injection of the right hip was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection right hip: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 of the hip.

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.