

Case Number:	CM15-0022708		
Date Assigned:	02/12/2015	Date of Injury:	08/02/2002
Decision Date:	03/25/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/06/2015

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

Certification(s)/Specialty: Emergency Medicine

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 43 year old female, who sustained an industrial injury on 8/2/2002. She has reported right knee pain after a fall at work. Medical records indicate multiple complaints including bilateral knees, low back pain, right hip, left shoulder and left foot pain. The diagnoses have included right knee arthritis, lumbar disc degeneration, and labral tear right hip, sacroiliac pain. The medical records documented multiple surgeries to right knee, details not submitted. Treatment to date has included physical therapy, Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), narcotic, topical, psychotherapy and a right hip joint injection 7/2/14. Currently, the IW complains of increased pain rated 8/10 VAS with medications. On 1/19/15, physical examination was not documented, however, the provider documented difficulty donning/doffing socks due to limited hip flexion and she required assistance from others. The physician further documented a functional evaluation from physical therapy was completed; however, this was not included in the medical records submitted. The plan of care was to change current medication, obtain a sock aide, request a right hip injection, and encourage weight loss. On 1/30/2015 Utilization Review non-certified a SI joint injection right side; hip injection right side, noting the documentation did not include functional deficit and did not support excessive number of treatments requested. The ODG Guidelines were cited. On 2/6/2015, the injured worker submitted an application for IMR for review of SI joint injection right side; hip injection right side.

IMR ISSUES, DECISIONS AND RATIONALES

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

SI joint injection right side: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Hip & 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 & Pelvis (Acute & Chronic), Sacroiliac joint blocks

Decision rationale: The requested SI joint injection right side is not medically necessary. CA MTUS is silent and Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic), Sacroiliac joint blocks, note criteria for such injections as "The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above). Diagnostic evaluation must first address any other possible pain generators. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management." The injured worker has pain to bilateral knees, low back pain, right hip, left shoulder and left. The treating physician has not documented three physical exam criteria for sacroiliac dysfunction nor failed trials of aggressive conservative therapy of the sacroiliac joint. The criteria noted above not having been met, SI joint injection right side is not medically necessary.

Hip injection, right side: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Comp, chapter: Hip; 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 & Pelvis (Acute & Chronic), Hip injections

Decision rationale: The requested Hip injection, right side, is not medically necessary. CA MTUS is silent and Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic), Hip injections, recommend these injections only in moderate to advanced cases of osteoarthritis after failed conservative treatments. The injured worker has pain to bilateral knees, low back pain, right hip, left shoulder and left. The treating physician has not documented exam or diagnostic confirmation of moderate or advanced osteoarthritis. The criteria noted above not having been met, Hip injection, right side is not medically necessary.