

Case Number:	CM15-0210640		
Date Assigned:	10/29/2015	Date of Injury:	07/03/2011
Decision Date:	12/10/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	10/26/2015

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 49-year-old male who sustained an industrial injury on 7-3-2011 and has been treated for femoroacetabular impingement left hip combined type; left knee patella-femoral damage; and, left hip partial gluteus medius tear. A diagnostic MRI dated 9-23-2015 with fluoroscopic needle guidance was performed with impression of antero-superior labral tearing, grade 3 chondral thinning, and mild osteoarthritis. On 9-25-2015 the injured worker reported no changes since his last visit which had been 8-27-2015, and continued having pain. Characterization of pain was not discussed. No objective findings related to this injury were provided. Documented treatment includes physical therapy with an unspecified number of visits or response to treatment, activity modification, Lidocaine-Ropivacaine injection, and Tramadol. There is no other information in the provided documentation discussing prior injections or other treatments. The treating physician's plan of care includes an ultrasound guided corticosteroid injection to the left hip, and core based physical therapy which were both denied on 10-21-2015. Current work status is modified duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided corticosteroid injection to the left hip: 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), Hip and 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 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 request is not medically necessary.

Core based physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: CA MTUS/Chronic Pain Medical Treatment Guidelines, Physical Medicine, page 98-99 recommend the following for non-surgical musculoskeletal conditions. Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. As the requested physical therapy does not specify a number of visits the current request exceeds the recommendation. Therefore the request is not medically necessary.