MAXIMUS Federal Services

Case Number:	CM15-0214414		
Date Assigned:	11/04/2015	Date of Injury:	03/13/2013
Decision Date:	12/23/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/30/2015

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: Pennsylvania, Ohio, California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 78-year-old male, with a reported date of injury of 03-13-2013. The diagnoses include right hip pain and right hip degenerative joint disease. The progress report dated 09-24-2015 is handwritten and somewhat illegible. The report indicates that there was no change. The objective findings were documented as "exam unchanged". The injured worker's work status was not indicated. The medical report dated 09-01-2015 indicates that the injured worker had a history of right hip pain; however, the pain was now located mostly in the right buttock. He required the use of a cane for assistance. The physical examination showed no acute distress, no tenderness to palpation of the right hip, right hip flexion to 90 degrees, right hip internal rotation to 20 degrees, external rotation of the right hip to 20 degrees, guarding on examination, and a slow and mildly antalgic gait. It was noted that an x-ray of the pelvis on 09-01-2015 showed evidence of old tip of the greater trochanter fractures of bilateral hips; and some narrowing of the joint space of the bilateral hips. The diagnostic studies to date have not been included in the medical records provided. Treatments and evaluation to date have not been specified in the medical records. The request for authorization was dated 09-01-2015. The treating physician requested intra-articular right hip corticosteroid injection under fluoroscopy to serve largely as diagnostic. On 09-28-2015, Utilization Review (UR) non-certified the request for intra-articular right hip corticosteroid injection under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intra-articular right hip corticosteroid injection under fluoroscopy by radiology (2cc 1% lidocaine, 2 cc 0.25% marcaine, 1 cc 80 mg): 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).

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

Decision rationale: MTUS is silent on this issue. ODG offers equivocal support for intra-articular hip injection for acute hip pain from osteoarthritis, though there is concern that this may actually worsen the long-term clinical situation. Neither the records nor treatment guidelines provide a rationale for such an injection in the current chronic situation of a patient with a history of prior hip fractures. Even if the injection were helpful, it is not clear how such short-term benefit would outweigh its long-term risks. This request is not medically necessary.