

Case Number:	CM15-0218701		
Date Assigned:	11/10/2015	Date of Injury:	08/31/2008
Decision Date:	12/22/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/06/2015

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: 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:

This 60-year-old male sustained an industrial injury on 8-31-08. Documentation indicated that the injured worker was receiving treatment for bilateral degenerative joint disease. Previous treatment included left hip total arthroplasty (April 2015), physical therapy, injections and medications. In an agreed medical evaluation dated 7-1-15, the physician noted that the injured worker had been given Xarelto while in the hospital for hip replacement and developed an allergic reaction. In a PR-2 dated 8-19-15, the injured worker reported that right hip Cortisone injection (7-7-15) improved his pain "dramatically", however the pain had now recurred. Physical exam was remarkable for right hip with "decreased" range of motion especially with flexion and internal rotation and positive Faber, anterior impingement and Stinchfield tests. In a PR-2 dated 9-30-15, the injured worker complained of more pain and weakness to the right hip. Physical exam was remarkable for right hip with positive Faber, Stinchfield and anterior impingement tests. The injured worker received a right hip Cortisone injection during the office visit. The treatment plan included requesting PRP injection for the right hip. On 10-20-15, Utilization Review noncertified a request for a right hip PRP injection and right hip Cortisone injection (DOS: 9-30-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Right hip PRP injection: 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) PRP injections.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states PRP injections of the hip may play some beneficial role but the overall studies are not enough to recommend as routine therapy. The patient has DJD of the hip but no complete failure of other treatment options and therefore the request is not medically necessary.

Retro cortisone injection right hip with a dos 9/30/2015: 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 injections.

Decision rationale: The ODG does not recommend cortisone injections in the hip except in the case of greater trochanter bursitis. The patient has the diagnosis of DJD of the hip without failure of all first line treatment options. Therefore, the request is not medically necessary.