

Case Number:	CM15-0222127		
Date Assigned:	11/17/2015	Date of Injury:	04/25/2011
Decision Date:	12/31/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/12/2015

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: Preventive Medicine, Occupational 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:

This is a 42 year old male who sustained a work-related injury on 4-25-11. Medical record documentation on 10-14-15 revealed the injured worker was being treated for articular cartilage disorder of the left knee, chronic lumbar radiculopathy, arthralgia of the left knee and lumbosacral spondylosis without myelopathy. He reported low back pain, lower extremity pain and right hip pain. The pain in his low back and left knee increased with activity and he reported that the changes to his pain were the same. There were no objective findings documented related to the requested treatment. Previous treatment included one chiropractic therapy sessions, which was not effective, and a lumbar epidural steroid injection, which provided him with significant relief related to his low back pain. The injured worker was not working. A request for one (1) right intra-articular hip injection with ultrasound was received on 10-21-15. On 10-22-15, the Utilization Review physician determined one (1) right intra-articular hip injection with ultrasound was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) right intra-articular hip injection with ultrasound: 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 Chapter/Intra-articular Steroid Hip Injection (IASHI) Section.

Decision rationale: The MTUS Guidelines do not address the use of hip corticosteroid injections. The ODG does not recommend the use of intra-articular steroid hip injections in early osteoarthritis. It is under study for moderately advanced or severe hip OA, but if used, should be in conjunction with fluoroscopic guidance. Intra-articular 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. A survey of expert opinions showed that substantial numbers of surgeons felt that IASHI was not therapeutically helpful, may accelerate arthritis progression or may cause increased infectious complications after subsequent total hip arthroplasty. In this case, the injured worker is not noted to have advanced or severe hip osteoarthritis. The request for one (1) right intra-articular hip injection with ultrasound is determined to not be medically necessary.