

Case Number:	CM15-0034336		
Date Assigned:	03/02/2015	Date of Injury:	06/30/2007
Decision Date:	04/08/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/24/2015

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: New Jersey

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:

The injured worker is a 72-year-old male who sustained a work related injury on June 30, 2007, when he tripped and fell on his knee. History includes a total knee replacement and low back problems. He was diagnosed with bilateral hip chondromalacia, sacroiliitis, lumbosacral degenerative disc disease with spondylolisthesis and bilateral knee replacements. Treatment included physical therapy, and pain medications. Currently, the injured worker complained of stiffness and pain in his legs, knees and right hip. On February 10, 2015, a request for a right hip steroid injection under fluoroscopic guidance with Corticosteroid, was non-certified by Utilization Review, noting American College of Occupational and Environmental Medicine Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Hip Injection Under Fluoroscopic Guidance with Corticosteroid: 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 ODG, Hip and Pelvis section, Intra-articular steroid hip injection.

Decision rationale: The MTUS is silent regarding hip joint corticosteroid injections. The ODG, however, states that they are not recommended for early hip osteoarthritis, but possibly for short-term pain relief for moderate or severe hip osteoarthritis and only with the use of fluoroscopic guidance. In the case of this worker there was insufficient evidence to support a hip injection with corticosteroid as there was no imaging to review to confirm the diagnosis of moderate or severe osteoarthritis and no physical signs suggestive of hip arthritis documented in the notes. Also, the provider documented the intention for the hip injection was to help diagnose hip arthritis, which is not reasonable or medically necessary.