

<b>Case Number:</b>	CM15-0037294		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	11/10/2007
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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:

The injured worker is a male, who sustained an industrial injury on 11/10/2007. The mechanism of injury was not noted. The diagnoses have included pain in joint, pelvic region and thigh. Treatment to date has included conservative measures. An unenhanced magnetic resonance imaging of the right hip, dated 9/14/2011, noted an abnormal signal within the right anterior/superior acetabular labrum, suspicious for tear. A progress note, dated 6/26/2014, noted an impression that hip pain may be coming from a cartilage injury to the right hip, with recommendation for cortisone injection and physical therapy. A physical exam was not noted. On 2/18/2015, Utilization Review issued a decision regarding the requested treatment(s).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 right hip arthrocentesis, aspiration and/or injection major joint or bursa hip and fluoroscopic, tentative schedule on 2/17/15: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Hip & Pelvis (Acute & Chronic) (updated 10/09/2014).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hips and pelvis, Injections.

**Decision rationale:** Pursuant to the Official Disability Guidelines, right hip arthrocentesis, aspiration and or injection major joint or bursa, hip plus fluoroscopy tentative schedule February 17, 2015 is not medically necessary. The guidelines do not recommend intra-articular steroid injections (IASI) in early hip osteoarthritis. Arthrocentesis is not discussed in the MTUS and ODG. IASI is recommended as an option for short-term pain relief in hip trochanteric bursitis. Intra-articular steroid injections with or without elimination of weight-bearing does not reduce the need for total hip arthroplasty in patients with rapidly destructive hip osteoarthritis. See the guidelines for additional details. The medical record consisted of three pages. The first and second pages consisted of a cover sheet. The third page consisted of the diagnoses and previously documented problems. The diagnosis listed was articular cartilage disorder of the hip, right. Additional problems were lower back pain, pain in joints right hip, gastroesophageal reflux, abdomen pain, depression, insomnia, palpitations, and high-risk medication use. Utilization review stated on physical examination there was tenderness and bony tenderness with tenderness on range of motion. The injured worker uses a cane or other assistive device to ambulate. X-rays of the pelvis revealed minimal evidence of degeneration apart from some acetabular rim osteophytes. MRI findings of the hip showed increased signal in the anterior labrum consistent with a tear. The treatment plan included the joint injection, physical therapy and medications. Hip x-rays do not show significant osteoarthritis guidelines allow for intra-articular steroid injections in cases of advanced osteoarthritis. There are no radiographic findings of osteoarthritis present on the x-ray. Consequently, absent clinical documentation (three-page medical record available for review) with which to make an informed decision with radiographic findings that do not show significant osteoarthritis, right hip arthrocentesis, aspiration and or injection major joint or bursa, hip plus fluoroscopy tentative schedule February 17, 2015 is not medically necessary.