

Case Number:	CM15-0059424		
Date Assigned:	04/03/2015	Date of Injury:	03/04/2011
Decision Date:	05/11/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/30/2015

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: California
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 47 year old female with an industrial injury dated March 4, 2011. The injured worker diagnoses include neck pain, lower back pain, mid back pain, left hip pain and insomnia. She has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 01/05/2015, the injured worker presented for follow up for chronic medical problems. Objective findings revealed decreased range of motion and tenderness of the cervical spine, thoracic spine, lumbar spine, and pain with straight leg raise. The treating physician prescribed Kenalog injection to the left hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kenalog injection left hip: 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) Hip & Pelvis Chapter, Updated 10/09/14.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic) Intra-articular steroid hip injection (IASHI).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address intra-articular hip injection. Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic) indicates that intra-articular steroid hip injection is not recommended in early hip osteoarthritis, and is under study for moderately advanced or severe hip osteoarthritis. Intraarticular glucocorticoid injection 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 intraarticular glucocorticoid injection was not therapeutically helpful, may accelerate arthritis progression or may cause increased infectious complications after subsequent total hip arthroplasty. Historically, using steroids to treat hip osteoarthritis did not seem to work very well. The hip joint is one of the most difficult joints in the body to inject accurately, and entry of the therapeutic agent into the synovial space cannot be ensured without fluoroscopic guidance. The progress report dated 1/5/15 documented a request for a Kenalog injection of the left hip. No physical examination of the left hip was documented. Without a documented physical examination of the left hip, the request for a Kenalog injection of the left hip is not supported. Therefore, the request for Kenalog injection of the left hip is not medically necessary.