

Case Number:	CM15-0081227		
Date Assigned:	05/01/2015	Date of Injury:	06/27/2013
Decision Date:	06/02/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/28/2015

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 33 year old female, who sustained an industrial injury on 06/27/2013. On provider visit dated 03/11/2015 the injured worker has reported ankle and foot pain, and hip symptoms continue with noted popping and weakness. On examination of the hip revealed no pain with log roll and weakness with active straight legs raise, discomfort with Faber's maneuver more so than with impingement. The diagnoses have included status post hip arthroscopy with residual hip pain, possible intra-articular source of hip pain. Treatment to date has included MRI and medication. The provider requested cortisone injection under ultrasound to left hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection under ultrasound to 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), Intra-articular steroid hip injection (IASHI).

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

Decision rationale: Pursuant to the Official Disability Guidelines, cortisone injection under ultrasound left hip is not medically necessary. Intra-articular steroid injections are not recommended in early hip osteoarthritis. They are under study from moderately advanced or severe hip osteoarthritis, but if used, should be in conjunction with fluoroscopic guidance. They are recommended as an option for short-term pain relief and hip trochanteric bursitis. In this case, the injured worker's working diagnoses are that is both arthroscopy with residual pain; possible intra-articular source of hip pain; Achilles tendon contracture; and peroneal tendinitis problem peroneal tubercle, left ankle. The progress note dated March 11, 2015, subjectively states much of the injured worker symptoms are coming from her ankle and foot. A substantial amount of her hip symptoms are better than they were prior to surgery, but she continues to have discomfort with some popping sensations in the hip. Objectively, the hip revealed no pain with log roll and weakness with active straight leg raise an active psoas. There are no radiographs in the medical record indicating moderate to severe osteoarthritis. Additionally, cortisone injections are not recommended for mild early hip osteoarthritis. If an intra-articular steroid injection is recommended, it should be performed in conjunction with fluoroscopic guidance, not ultrasound guidance. Consequently, absent clinical documentation of moderate to severe osteoarthritis of the hip and guideline non-recommendations for ultrasound guidance, cortisone injection under ultrasound left hip is not medically necessary.