

Case Number:	CM15-0086543		
Date Assigned:	05/08/2015	Date of Injury:	06/11/2012
Decision Date:	06/09/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/05/2015

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, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

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 56 year old female injured worker suffered an industrial injury on 06/11/2012. The diagnoses included right hip contusion, bursitis and degenerative joint disease and lumbar laminectomy with lumbar disc degeneration. The diagnostics included lumbar magnetic resonance imaging and right hip x-rays. The injured worker had been treated with medications. On 3/24/2015 the treating provider reported ongoing right hip and groin pain. There was pain with rotations of the right hip. The treatment plan included Cortisone injection to the right hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection to the right 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 Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hip.

Decision rationale: CA MTUS/ACOEM is silent on the issue on steroid injection to the hip. Per ODG hip: Not recommended in early hip osteoarthritis (OA). Under study for moderately advanced or severe hip OA, but if used, should be in conjunction with fluoroscopic guidance. Recommended as an option for short-term pain relief in hip trochanteric bursitis. In this case, the degree of arthritis is not characterized in the office note of 3/24/15. Therefore, the request is not medically necessary.