

Case Number:	CM14-0135981		
Date Assigned:	09/03/2014	Date of Injury:	04/03/2014
Decision Date:	10/09/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/22/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 59-year-old female who reported an injury on 04/03/2014. The injured worker claimed the pain started when she was putting the meat grinder together, which consisted of bending and applying pressure with the right leg. The injured worker has a diagnosis of sprain of the hip and thigh nonspecific. Past medical treatment consists of physical therapy and medication therapy. On 06/17/2014, the injured worker complained of right hip pain. Physical examination revealed that the injured worker had a significant antalgic gait. There was no pertinent evidence of range of motion, motor strength, or sensory deficits of the right hip documented in submitted report. The treatment plan is for the injured worker to undergo an intra-articular hip injection. Provider feels that an intra-articular injection should be done to see how much relief the injured worker might obtain with that, if not, then proceed directly to hip replacement. A Request for Authorization form was submitted on 04/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intra articular injection to the right hip: 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 Official Disability Guidelines (ODG), Hip, Intra-articular steroid hip injection (IASHI).

Decision rationale: The request for intra articular injection to the right hip is not medically necessary. ODG does not recommend intra-articular steroid hip injections in early hip osteoarthritis. Under study for moderately advanced or superior osteoarthritis, but if used, should be in conjunction with fluoroscopy guidance. Recommended as an option for short term pain relief in the hip trochanteric bursitis. Intra-articular glucocorticoid injection with or without an elimination of weight bearing does not reduce the need for total hip arthroplasty in patients with rapidly destructive osteoarthritis. Corticosteroid injections are effective for greater trochanteric pain syndrome (GTPS) managed in primary care, according to a recent RCT. GTPS, also known as trochanteric bursitis, is a common cause of hip pain. Given the above, the injured worker is not within ODG criteria. The submitted reported did not indicate any signs of the injured worker having trochanteric bursitis. Furthermore, it is recommended that injections be in conjunction with fluoroscopic guidance. The request as submitted did not indicate fluoroscopy along with the intra-articular injection. As such, the request is not medically necessary.