Case Number:	CM14-0145986		
Date Assigned:	09/12/2014	**Date of Injury:**	07/06/2000
Decision Date:	10/15/2014	**UR Denial Date:**	08/08/2014
Priority:	Standard	**Application Received:**	09/08/2014

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 Occupational Medicine and is licensed to practice in California. 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:

This is a 54 year old male with a 7/6/00 injury date. The mechanism of injury was a fall while descending from a 2nd floor construction area. In a follow-up on 3/27/14, the patient complains of constant pain in his left lower extremity and left groin area. The provider indicates that he has a left hip fracture in his past but it looks totally healed and the joint space looks good. The provider is wondering if the pain is coming from the hip joint or from the lower back. Objective findings included left hip pain with internal and external rotation. The provider is requesting a left hip steroid injection for diagnostic purposes to see whether the pain originates from the hip or back, even though nothing shows on the hip x-ray. There are no imaging reports available for review. In a follow-up on 9/3/14, the treatment plan is for MRI of the hips. Diagnostic impression: left hip early osteoarthritis. Treatment to date includes left hip open reduction and internal fixation, and medications. A UR decision on 8/8/14 denied the request for left hip arthrogram/cortisone injection on the basis that guidelines do not recommend corticosteroid injection of the hip for early osteoarthritis due to its adverse side effects and outcomes. In addition, hip arthrography is recommended for suspected labral tears.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthrogram/cortisone injection on 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, Hip and Pelvis (Acute & Chronic)

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 Chapter

Decision rationale: The California MTUS does not address the issue of hip corticosteroid injections. Official Disability Guidelines states that hip injections are recommended as an option for short-term pain relief in hip trochanteric bursitis; are not recommended in early hip osteoarthritis (OA); and are under study for moderately advanced or severe hip OA, but if used, it should be in conjunction with fluoroscopic guidance. California MTUS does not address the issue of hip arthrography. Official Disability Guidelines indicates that hip arthrography is recommended for suspected labral tears. Arthrography gains additional sensitivity when combined with CT in the evaluation of internal derangement, loose bodies, and articular cartilage surface lesions. Magnetic resonance (MR) arthrography has been investigated in every major peripheral joint of the body, and has been proven to be effective in determining the integrity of intra-articular ligamentous and fibrocartilaginous structures and in the detection or assessment of osteochondral lesions and loose bodies in selected cases. A combination of MR arthrography and a small field of view is more sensitive in detecting labral abnormalities than is conventional MRI with either a large or a small field of view. In the present case, the main issue is that the diagnosis appears very much in question at this point. There is not much evidence that the patient in fact has early left hip osteoarthritis, especially since the joint space appears normal on x-ray. There are very little documented physical exam findings, but the provider is planning on obtaining hip MRIs which would be very helpful in narrowing the diagnosis. Although a hip arthrography could be useful in the diagnosis, there is nothing in the documentation to suggest that the patient may have a labral tear, osteochondral lesion, or loose body. Since hip corticosteroid injections are not advisable in cases of early hip osteoarthritis, it appears premature to inject the hip before the diagnosis is clarified. In addition, the patient has a pending hip MRI which should help clarify things. Therefore, the request for arthrogram/cortisone injection on the left hip is not medically necessary.