

<b>Case Number:</b>	CM14-0150271		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	12/07/2010
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Internal Medicine, has a subspecialty Nephrology 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 58 year old male with a 12/7/10 injury date. The mechanism of injury was not provided. In a follow-up on 8/14/14, subjective findings included left hip pain radiating into the groin with associated clicking, catching, and locking. Objective findings included mild tenderness at the left trochanteric bursa, pain with passive flexion/internal rotation/adduction of the hip, minimal pain with resisted straight leg raise, and positive impingement signs. A left hip MR-arthrogram on 7/25/14 revealed no labral tearing but a large femoral neck cyst. A left hip x-ray series from 1/28/14 showed some flattening of the femoral head laterally, an increased alpha angle, and a small subcortical cyst at the junction of the femoral head/neck region. Diagnostic impression: left hip early osteoarthritis. Treatment to date: medications, physical therapy. A UR decision on 8/22/14 denied the request for left hip ultrasound guided injection on the basis that guidelines do not support hip steroid injections in cases of early osteoarthritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) Diagnostic ultrasound guided left hip injection with Kenalog and Marcaine:**

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 AND 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:** CA MTUS does not address this issue. ODG 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. In the present case, there is radiographic evidence of early osteoarthritis with flattening of the lateral femoral head. The guideline criteria do not support intra-articular corticosteroid injections in cases where early osteoarthritis is a concern. Therefore, the request for One (1) Diagnostic ultrasound guided left hip injection with Kenalog and Marcaine is not medically necessary.