

Case Number:	CM14-0163082		
Date Assigned:	10/08/2014	Date of Injury:	07/26/2007
Decision Date:	11/04/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/03/2014

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 Family 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:

Patient had a date of injury on 7/26/2007. Patient was riding a tractor and got into an accident. Right distal femur xrays showed an oblique distal one third femur shaft fracture and a deep soft tissue wound at the area of the fracture. Patient had an operation of the right hip on 7/26/2007 open reduction internal fixation. Treatment plan included Prilosec, motrin, resistance chair and exercise cycle smooth rider and xray right hip and physical therapy. Diagnosis include: fracture of femur shaft and fracture of femur neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Hip Cortisone Injections under Ultrasound Guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip & Pelvis (updated 3/25/14)

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

Decision rationale: According to guidelines Steroid hip injections is under study for moderately advanced or severe hip osteoarthritis. It is recommended as an option for short term pain relief in hip trochanteric bursitis. Based on the patient's medical records it does indicate why steroid injection is needed or how it matches the guidelines and thus not medically necessary.

