MAXIMUS Federal Services

Case Number:	CM14-0178860		
Date Assigned:	11/03/2014	Date of Injury:	06/14/1982
Decision Date:	12/08/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/28/2014

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 and Rehabilitation, has a subspecialty in Pain 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:

The injured worker is a 57 year-old male with an original date of injury on 6/14/1982. The patient sustained an injury while working as a fireman. The industrially related diagnoses are right hip osteoarthritis and status post right hip arthroscopy. The patient has undergone 3 prior intra-articular hip injections, with the most recent being in 8/19/2013. The disputed issues are a repeat right-sided hip intra-articular steroid injection along with right-sided trochanteric injection, and consult to see a resurfacing specialist. A utilization review dated 10/28/2014 has non-certified these requests. The stated rationale for denial for the right intra-articular hip and tronchanteric bursa injections was related to several reasons is stated below. The documentation provided failed to show findings suggestive of trochanteric bursitis, even though the patient has positive tenderness to palpation over the trochanteric bursa, radiating pain to the hip or buttocks, pain with weight bearing is not noted. Secondly, the patient has had 3 prior intra-articular hip injections without lasting improvements. Finally, the reviewer stated that guidelines state that a substantial number of surgeons felt that intra-articular injections of the hip are not therapeutically helpful, may accelerate arthritis progression, or may cause increased complications after total hip arthroplasty. The stated rationale for denial for consultation with a resurfacing specialist was that the [redacted] forum guideline does not recommend total hip resurfacing as recent research revealed no evidence that the potential benefits of this procedure outweighed the risks. Therefore, these requests are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right hip intra-articular injection along with a right trochanter injection: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip & 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, Hip Injection Topic

Decision rationale: Official Disability Guidelines (ODG) Hip & Pelvis Chapter, Trochanteric Bursitis InjectionsRecommended. Gluteus medius tendinosis/tears and trochanteric bursitis/pain are symptoms that are often related, and commonly correspond with shoulder tendinoses and subacromial bursitis, though there is no evidence of a direct correlation between the hip and shoulder. All of these disorders are associated with hip pain and morbidity. (Cormier, 2006) (Lonner, 2002) (Bird, 2001) (Chung, 1999) (Kingzett-Taylor, 1999) (Howell, 2001) For trochanteric pain, corticosteroid injection is safe and highly effective, with a single corticosteroid injection often providing satisfactory pain relief (level of evidence, C). Trochanteric bursitis is the second leading cause of hip pain in adults, and a steroid-anesthetic single injection can provide rapid and prolonged relief, with a 2.7-fold increase in the number of patients who were pain-free at 5 years after a single injection. Steroid injection should be offered as a first-line treatment of trochanteric bursitis, particularly in older adults. Trochanteric corticosteroid injection is a simple, safe procedure that can be diagnostic as well as therapeutic. Use of a combined corticosteroid-anesthetic injection typically results in rapid, long-lasting improvement in pain and in disability. Particularly in older adults, corticosteroid injection should be considered as first-line treatment of trochanteric bursitis because it is safe, simple, and effective. (Stephens, 2008) (Ege Rasmussen, 1985) (Schapira, 1986) (Shbeeb, 1996) (Cohen, 2009) 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. In this first randomized controlled trial assessing the effectiveness of corticosteroid injections vs usual care in GTPS, a clinically relevant effect was shown at a 3-month follow-up visit for recovery and for pain at rest and with activity, but at a 12-month follow-up visit, the differences in outcome were no longer present. (Brinks, 2011) Based on a progress note dating 7/22/2014, the patient has had a right hip intra-articular injection along with a right greater trochanteric bursa injection on 8/19/2013 with approximately 40-50% improvement of his pain for several months. The patient was also noted to have tenderness to palpation over the greater trochanteric bursa and right hip joint on the progress note from the same date. Another note dating on 4/26/2013 indicated patient had 90% improvement for 6 months with an intraarticular hip injection on 8/2012. The exam on that date showed the patient having reduced range of motion of the right hip joint associated with hip osteoarthritis. Even though the guideline does not have specific recommendations for repeat intra-articular hip injection and repeat trochanteric bursitis injection, the repeat injections are indicated at this time, given the previous good response to treatment. Therefore the request is medically necessary.

1 consultation with a resurfacing specialist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip & Pelvis (Acute and Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127; Official Disability Guidelines (ODG) Hip Chapter, Hip Resurfacing Topic

Decision rationale: ACOEM Guidelines, Independent Medical Examinations and Consultations Chapter states the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. When a physician is responsible for performing an isolated assessment of an examinee's health or disability for an employer, business, or insurer, a limited examinee-physician relationship should be considered to exist. A referral may be for: Consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient." Based on the Official Disability Guidelines, total hip resurfacing is regarded as an option in patients under age 65 with osteoarthritis but not for older patients. In the case of this injured worker, who has a history of right hip osteoarthritis, and whose symptoms are progressively worsening with conservative management with oral medications and joint injection, it is reasonable to patient to have a consult with a resurfacing specialist. Patient should have an initial consultation at this time. Therefore the request is medically necessary.