

<b>Case Number:</b>	CM14-0216218		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	12/15/2011
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### 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 52 year old male was injured 12/15/11 and while performing his duties as a sheriff, which involved getting in and out of a vehicle, developed hip pain that was aggravated by prolonged walking, getting out of cars and standing for long periods of time. The pain is directly lateral about the hip and radiates distally and posterior. His pain intensity was 3-5/10. He has a past history of treatment for an L4-5 herniated disc with right sided radicular symptoms; right shoulder injury 1994 and had right shoulder arthroscopy with biceps tendon repair; lumbar spine injury in 2003 and 2007 and also developed numbness and tingling in both hands and wrists. In 2013 he began developing straining type injury to the right abdominal wall that was diagnosed as muscular straining without evidence of hernia. MRI of the left hip was essentially normal (9/27/13). Radiographs of the right shoulder were normal; left hand (10/9/14) revealed old styloid process fracture and old deformity of the fifth metacarpal with mild degenerative changes. In June 2014 he underwent left hip arthroscopy. Diagnoses include right lumbar radiculopathy; lumbar disc bulging L4-5/S1, degenerative joint disease, degenerative disc disease with degenerative retrolisthesis L5-S1; right lower abdominal wall strain; bilateral carpal tunnel syndrome; status post right shoulder arthroscopy, 1994, with probable lateral repair; status post right shoulder arthroscopy with probable biceps tenodesis, 1998 and chronic right rotator cuff tendinitis and impingement syndrome. Medications were prescribed but not specifically named. In addition the injured worker was instructed in soft tissue modalities, exercise and participation in activities as tolerated. He received a corticosteroid injection into the trochanteric bursa on

9/22/14 which greatly improved the hip pain. Documentation from 10/13/14 indicates some progress with physical therapy but still with a great deal of anterior and posterior discomfort but there is no indication of number of visits attended or specifics regarding the physical therapy. Physical exam of the lumbar spine revealed tenderness on palpation over the upper, mid and lower paravertebral muscles with normal range of motion and no demonstration of nerve irritability. Examination of the right and left wrist reveals tenderness to palpation over the flexor/extensor compartment and carpal canal with positive Phalen's sign and median nerve compression sign and normal range of motion of digits. Right shoulder exam reveals tenderness on palpation over the anterior rotator cuff and positive impingement sign. The right abdominal wall demonstrates tenderness over the lower portion of the abdominal wall and discomfort with attempts at sitting. He uses a cane for ambulation. The injured worker is capable of full duty work but is not presently working as he is recovering from left hip arthroscopy. On 12/2/14 Utilization Review (UR) non-certified the request for outpatient orthovisc injection with cortisone based lack of support of guideline recommendations. Guidelines recommend this treatment for severe osteoarthritis or for total hip replacement candidate, neither of which is supported by documentation for this injured worker. Since the orthovisc injection was non-certified the request for injection fluoroscopy guidance is non-certified. The guideline referenced was ODG Hip.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Orthovisc with Cortisone Injection under Fluoroscopy Guide to the 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 (ODG) Knee & Leg

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-352. Decision based on Non-MTUS Citation Knee, Hyaluronic acid injections Hip and Pelvis, Hyaluronic acid injections and Viscosupplementation

**Decision rationale:** CA MTUS do not specifically address Orthovisc injections to the hip. Alternate guidelines were referenced. Orthovisc is a high molecular weight hyaluronan. MTUS is silent regarding the use of ultrasound guided orthovisc injections. While ACOEM guidelines do not specifically mention guidelines for usage of ultrasound guided orthovisc injections, it does state that 'Invasive techniques, such as needle aspiration of effusions or prepatellar bursal fluid and cortisone injections, are not routinely indicated. Knee aspirations carry inherent risks of subsequent intraarticular infection.' ODG recommends as guideline for Hyaluronic acid injections 'Patients experience significantly symptomatic osteoarthritis but have not responded adequately to recommended conservative nonpharmacologic (e.g., exercise) and pharmacologic treatments or are intolerant of these therapies (e.g., gastrointestinal problems related to anti-inflammatory medications), after at least 3 months;' Documented symptomatic severe osteoarthritis of the knee, which may include the following: Bony enlargement; Bony tenderness; Crepitus (noisy, grating sound) on active motion; Less than 30 minutes of morning stiffness; No palpable warmth of synovium; Over 50 years of age. 'Pain interferes with functional activities

(e.g., ambulation, prolonged standing) and not attributed to other forms of joint disease;' Failure to adequately respond to aspiration and injection of intra-articular steroids;' ODG states concerning Hylan injections of the hip that 'Recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total hip replacement, but in recent quality studies the magnitude of improvement appears modest at best, and not long lasting. See Hyaluronic acid injections in the Knee Chapter". Additionally, ODG states that Hyaluronic acid injections 'Generally performed without fluoroscopic or ultrasound guidance'. ODG guidelines recommend orthovisc injection of the hip only for severe osteoarthritis in non-surgical candidates. The treating physician did not document severe osteoarthritis that failed conservative therapy or the need for a hip replacement. The treating physician did not provide documentation why an injection should be performed in excess of treatment guidelines. As such, the request for Orthovisc w/cortisone injection under fluoroscopy of the left hip is not medically necessary.