

Case Number:	CM15-0010160		
Date Assigned:	01/27/2015	Date of Injury:	01/06/2011
Decision Date:	03/19/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/19/2015

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 43 year old male, who sustained an industrial injury on 1/6/11. He has reported right hip pain. The diagnoses have included right hip osteoarthritis, right hip impingement and right hip labral tear. Treatment to date has included right hip x-ray, right bursa injection, right hip arthroscopy and oral medication. As of the PR2 dated 12/8/14, the injured worker reported some relief with the bursa injection. The treating physician requested Orthovisc injection to the right hip. On 12/26/14 Utilization Review non-certified a request for Orthovisc injection to the right hip, the UR physician cited the MTUS, ACOEM and ODG guidelines. On 12/30/14, the injured worker submitted an application for IMR for review of Orthovisc injection to the right hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho Visc injection #1; right hip: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Hip: Viscosupplementation

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3 Hip and Groin General Principles of Treatment Allied Health Professionals Injections Recommendation: Intraarticular Glucocorticosteroid Injections for Hip Osteoarthritis Intraarticular glucocorticosteroid injections are moderately recommended for the treatment of hip osteoarthritis. Indications Hip joint pain from osteoarthritis sufficient that control with NSAID(s), acetaminophen, weight loss and exercise is unsatisfactory.

Decision rationale: The applicant is a represented [REDACTED] employee who has filed a claim for chronic hip pain reportedly associated with an industrial injury of January 6, 2011. In a Utilization Review Report dated December 26, 2014, the claims administrator failed to approve a request for an Orthovisc (viscosupplementation) injection to the hip while apparently approving a platelet-rich plasma injection for the same. The claims administrator contended that the applicant had had at least one pair of previous viscosupplementation injections and that the attending provider had failed to document the applicant's response to the same. A variety of MTUS and non-MTUS guidelines were cited, including now-outdated, now-renumbered MTUS 9792.20e. The claims administrator did allude to the applicant's having had x-rays of the hip demonstrating joint space narrowing. The claims administrator referenced a December 8, 2014 progress note in its determination. In a work status report dated December 8, 2014, the claimant was returned to regular duty work. The applicant was asked to pursue an Orthovisc injection for hip arthritis, along with six sessions of physical therapy. In an associated progress note of December 8, 2014, the attending provider contended that the applicant was interested in pursuing a total hip arthroplasty at a later point in 2015. The applicant did exhibit a limp. The attending provider stated that the viscosupplementation injection was needed to keep the applicant at work for the time being while the total hip arthroplasty procedure was pending. REFERRAL QUESTIONS: 1. Yes, the request for an Orthovisc (viscosupplementation) injection was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Hip Chapter notes that viscosupplementation injections are moderately recommended for the treatment of hip osteoarthritis, as was/is present here. The attending provider has, furthermore, suggested that the injection in question is intended to be employed in conjunction with a program of functional restoration as evinced by the applicant's continuing to facilitate the applicant's maintaining full time, regular duty work status and delay/defer the need for a total hip arthroplasty procedure. Therefore, the request was/is medically necessary. REFERENCES: ACOEM Practice Guidelines, Third Edition, Hip and Groin Chapter, Injections section.