

Case Number:	CM15-0114992		
Date Assigned:	06/23/2015	Date of Injury:	10/10/2011
Decision Date:	08/12/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/15/2015

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: California

Certification(s)/Specialty: Family Practice

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 58 year old female who sustained an industrial/work injury on 10/10/11. She reported an initial complaint of back, knee, leg, and hip pain. The injured worker was diagnosed as having tear to lateral meniscus of knee, lumbago, and joint pain-pelvis. Treatment to date includes medication and diagnostics. MRI results were reported on 8/2/13 of the right knee. Currently, the injured worker complained of left/right lumbar, left/right sacroiliac, right pelvic, right anterior knee, sacral, right posterior knee, right posterior leg and right anterior leg pain. Pain was rated 6/10, best at 5/10 and worst at 8/10. There was also anxiety, stress, and insomnia. Per the primary physician's report (PR-2) on 6/1/15, exam noted normal gait and posture, reduced range of motion to bilateral hips and knees, and normal neurology exam and reflexes. Current plan of care included right knee arthroscopy and debridement, physiotherapy, transcutaneous electrical nerve stimulation (TENS) unit, and medication. The requested treatments include outpatient cortisone injection of the right hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient cortisone injection of the right 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), Hip & Pelvis Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Hip & Pelvis Section: Intra-Articular Steroid Hip Injection.

Decision rationale: The Official Disability Guidelines comment on the use of corticosteroid injections into the hip as a treatment modality. Cortisone injections into the hip are not recommended in early hip osteoarthritis (OA). Under study for moderately advanced or severe hip OA, but if used, should be in conjunction with fluoroscopic guidance. Recommended as an option for short-term pain relief in hip trochanteric bursitis. A survey of expert opinions showed that substantial numbers of surgeons felt that IASHI was not therapeutically helpful, may accelerate arthritis progression or may cause increased infectious complications after subsequent total hip arthroplasty. Historically, using steroids to treat hip OA did not seem to work very well, at least not as well as in the knee. However, the hip joint is one of the most difficult joints in the body to inject accurately, and entry of the therapeutic agent into the synovial space cannot be ensured without fluoroscopic guidance. Fluoroscopically guided steroid injection may be effective. 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 case, the patient has a documented labral tear of the right hip. There is no evidence from the above cited guidelines that a corticosteroid injection is indicated for this condition. Further, there is no evidence that the patient has trochanteric bursitis; a condition for which a corticosteroid injection is indicated for short-term relief. In summary, there is no evidence, based on the nature of the patient's hip condition that a cortisone injection is indicated or will provide relief of symptoms. For these reasons, a cortisone injection of the right hip is not considered as medically necessary.