

<b>Case Number:</b>	CM15-0122219		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	09/15/2003
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 62 year old male, who sustained an industrial injury on 9/15/2003. The mechanism of injury was a fall from a ladder. The injured worker was diagnosed as having left hip arthritis, right hip arthritis, lumbar 4-5 degenerative spondylolisthesis and lumbar disc degeneration. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 4/21/2015, the injured worker complains of pain in the left side groin, anterior hip and buttocks when bearing weight on the left lower extremity. He currently uses crutches for ambulation. Physical examination showed the slightest movement of the left hip caused excruciating pain. The treating physician is requesting intra-articular left hip injection and physical therapy/occupational therapy home evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Intra articular injection left 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 (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip/Pelvis, Intra-articular steroid hip injection.

**Decision rationale:** The patient presents with pain affecting the bilateral hip and lumbar spine. The current request is for Intra articular injection left hip. The treating physician states in the report dated 4/29/15, "Interarticular injection of the left hip by [REDACTED] for diagnostic purposes". (5B) The ODG guidelines state, "Under study for moderately advanced or severe hip OA, but if used, should be in conjunction with fluoroscopic guidance". In this case, the treating physician has documented that the patient has arthritis in her left hip and has requested a treatment that is supported by the ODG guidelines that will be performed by another specialist. The current request is medically necessary.

**PT or OT Home Eval:** 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, Home Health Services.

**Decision rationale:** The patient presents with pain affecting the bilateral hip and lumbar spine. The current request is for. The treating physician states in the report dated 4/29/15, "The patient should have a PT or OT evaluation of his house. The evaluation would be for safety and mobility and an ergonomic evaluation to see if there is anything that can improve the function of the patient within his house". (4B) The ODG guidelines only support home health services if the patient has had a major surgical procedure. In this case, the patient is not currently in the post-surgical state. The current request is not medically necessary.