

Case Number:	CM15-0125264		
Date Assigned:	07/09/2015	Date of Injury:	06/04/2003
Decision Date:	08/05/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/29/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 59 year old female, who sustained an industrial injury on June 4, 2003. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having left hip labral tear with degenerative changes and lumbar sprain/strain with mild degenerative disc disease. Treatment to date has included diagnostic studies, physical therapy, injections and medication. On June 3, 2015, the injured worker complained of constant low back pain rated as a 7 on a 1-10 pain scale. The pain was noted to increase to a 9 on the pain scale with activity. She also reported constant left hip pain rated as a 5-6 on the pain scale that increases throughout the day to a rating of 9. Notes stated that her left hip pops and gives out at least twice a week. She has difficulty with activities of daily living. At the time of exam, she remained temporarily totally disabled. On June 3, 2015, Utilization Review non-certified the request for left hip intraarticular injection under fluoroscopy, citing California MTUS ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left hip intraarticular injection under fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2011 Edition, Chapter 14, Hip and Groin Disorders; Official Disability Guidelines - Treatment for Workers' Compensation, online edition, Chapter: Hip and Pelvis.

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 section, Injections.

Decision rationale: Pursuant to the Official Disability Guidelines, left hip intra-articular injection under fluoroscopy is not medically necessary. Intra-articular steroid hip injections are not recommended in early hip osteoarthritis. They are under study for moderately advanced or severe hip osteoarthritis, but if used, should be in conjunction with fluoroscopic guidance. Recommended as an option for short-term pain relief in hip trochanteric bursitis. For additional details see the attached guidelines. In this case, the injured worker's working diagnoses are left hip labral tear, degenerative changes; and lumbar sprain strain, mild degenerative disc disease. Date of injury is June 4, 2003. The request for authorization is May 27, 2015. The injured worker status post left hip arthroscopy with labral tear April 27th 2014. The injured worker had a left hip intra-articular corticosteroid injection January 28, 2015. There is no documentation indicating objective functional improvement as a result of the injection. There is no documentation with percent pain relief and duration. The injured worker had a hip arthrogram March 24, 2015. There is no hard copy of the official report. Unofficially, there was a moderate marginal osteophyte formation with mild chondral thinning. Consequently, absent clinical documentation with a hard copy of the arthrogram indicating moderate to severe osteoarthritis and objective functional improvement associated with the first intra-articular steroid injection January 28, 2015, left hip intra-articular injection under fluoroscopy is not medically necessary.