

Case Number:	CM15-0126437		
Date Assigned:	07/10/2015	Date of Injury:	02/01/2010
Decision Date:	08/06/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	06/30/2015

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, Florida, 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 61 year old female who sustained a work related injury February 1, 2010. Past history included s/p conversion of prior left hip surgery (arthroscopic) to left total hip replacement August 15, 2014. According to a treating physician's progress report, dated June 22, 2015, the injured worker presented with persistent intermittent anterior hip and thigh pain. The pain is exacerbated with prolonged sitting and walking. She can walk for 20-30 minutes before she feels she needs extra support for the discomfort. There is occasional snapping or popping-like sensation at the anterior hip with particular movements, and with the symptoms occasionally radiating down to the anterior aspect of her ankle. She continues to exercise on a regular basis. Physical examination revealed; 5'8" 135 pounds, good passive and active range of motion of the left hip with mild irritability with active hip flexion beyond 90 degrees; mild discomfort at the anterior hip is elicited with testing of the hip flexor structures both in a seated and supine position, and negative gluteus medius sign. Impressions are documented as progressing slowly s/p left hip arthroplasty; psoas tendinitis with possible irritation stemming from rubbing against the acetabular prosthesis. Recommendations included to continue with exercise program, follow-up for re-evaluation in 6-8 weeks, one year post-operative x-ray of the hip, no driving for more than 30 minutes, limited walking on stairs, and at issue, a request for authorization for a psoas tendon sheath injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSOAS tendon sheath cortisone injection low back: 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 and Pelvis - Intra-articular steroid hip injection (IASHI).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain section, Ligamentous injections.

Decision rationale: This claimant was injured 5 years ago. He is status post conversion of a prior left hip surgery (arthroscopic) to left total hip replacement August 15, 2014. As of June 2015, there is persistent intermittent anterior hip and thigh pain. There is impression of a psoas tendinitis with possible irritation stemming from rubbing against the acetabular prosthesis. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding such injections to ligaments, the ODG is not favorable. The ODG frankly notes: Not recommended. Ligamentous injections involve the injection of various substances (especially sclerosing agents) into interspinal ligaments and ligamentous muscle attachments in the low back. The theory behind such treatment is that this stimulates formation of scar tissue in ligaments. Ligamentous and sclerosant injections are invasive and not recommended in the treatment of patients with acute low back problems. The injections can expose patients to serious potential complications. (Bigos, 1999) (Nelemans-Cochrane, 2000) (Nelemans, 2007) The request is not certified based on evidence-based guideline review. The request is not medically necessary.