MAXIMUS Federal Services

Case Number:	CM15-0127343		
Date Assigned:	07/14/2015	Date of Injury:	09/15/2008
Decision Date:	08/07/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/01/2015

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: 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:

This 65 year old female sustained an industrial injury on 9/15/08. She subsequently reported right knee and hip pain. Diagnoses include right hip osteoarthritis. Treatments to date include bracing, physical therapy and prescription pain medications. The injured worker continues to experience right hip and knee pain. Upon examination, gait was minimally antalgic. The hips had full and unrestricted range of motion. Medial compartment crepitus was noted. A request for Guided Therapeutic Injection, Right Hip and IR injection, right hip was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Guided Therapeutic Injection, 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, 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 Official Disability Guidelines (ODG) Chapter- Hip, Trochanteric Bursitis/ Intra-articular Injections, pages 268-269.

Decision rationale: ODG does not recommend intra-articular steroid hip injections for early diagnosis of hip osteoarthritis and is considered under study for moderately advance and severe hip OA. Guidelines state if an intra-articular glucocorticoid injection is used, it should be in conjunction with fluoroscopic guidance; however, note that with or without elimination of weight-bearing, the injection does not reduce the need for total hip arthroplasty in patient with rapidly destructive his OA. ODG does recommend hip injections as a treatment option with short-term relief for diagnosis of trochanteric bursitis, not mentioned here. Beside exhibiting tenderness, submitted reports have not adequately demonstrated clear specific symptoms, focal clinical pathology, determined severe hip OA diagnosis, described confirmed diagnostic imaging studies or identified conservative treatment failure such as NSAIDs and therapy to support for the injection beyond guidelines criteria. As the IR Injection, Right Hip is not medically necessary and appropriate, thereby, the Guided Therapeutic Injection, Right Hip is not medically necessary and appropriate.

IR Injection, 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, 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 Official Disability Guidelines (ODG) Chapter- Hip, Trochanteric Bursitis/ Intra-articular Injections, pages 268-269.

Decision rationale: ODG does not recommend intra-articular steroid hip injections for early diagnosis of hip osteoarthritis and is considered under study for moderately advance and severe hip OA. Guidelines state if an intra-articular glucocorticoid injection is used, it should be in conjunction with fluoroscopic guidance; however, note that with or without elimination of weight-bearing, the injection does not reduce the need for total hip arthroplasty in patient with rapidly destructive his OA. ODG does recommend hip injections as a treatment option with short-term relief for diagnosis of trochanteric bursitis, not mentioned here. Beside exhibiting tenderness, submitted reports have not adequately demonstrated clear specific symptoms, focal clinical pathology, determined severe hip OA diagnosis, described confirmed diagnostic imaging studies or identified conservative treatment failure such as NSAIDs and therapy to support for the injection beyond guidelines criteria. The IR Injection, Right Hip is not medically necessary and appropriate.