

<b>Case Number:</b>	CM15-0128405		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	02/17/2013
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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 45-year-old female, who sustained an industrial injury on 2/17/13. The injured worker was diagnosed as having lumbar stenosis and severe right hip pain with evidence of focal cartilage loss of the femoral head. Treatment to date has included a L4-5 epidural injection and a Cortisone injection, which provided temporary pain relief. On 6/1/15 physical examination, findings included right hip pain with passive motion, flexion, adduction, and internal rotation. Faber's test and Stinchfield's test were positive. Currently, the injured worker complains of right hip pain. The treating physician requested authorization for a 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:

**Cortisone 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, 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 Official Disability Guidelines (ODG) Hip/Pelvis, Intra-articular steroid hip injection.

**Decision rationale:** The patient presents with pain affecting the right hip. The current request is for Cortisone Injection, Right Hip. The treating physician report dated 6/10/15 (17B) states, "I counseled the patient that, at this point, I still would not recommend a total hip arthroplasty. I would recommend a repeat cortisone injection to manage this conservatively." A report dated 12/31/14(62B) states, "A right hip injection was performed on December 17th, and since then, the patient has and worsened pain on the anterior aspect of her thigh." The MTUS guidelines do not address the current request. The ODG guidelines state the following regarding a steroid injection of the hip: "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". 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." In this case, the ODG guidelines do not recommend steroid hip injections for early hip OA and there is no documentation in the medical reports provided that the patient has been diagnosed with severe hip OA or trochanteric bursitis. Furthermore, the current request does not specify that the injection will be performed under fluoroscopic guidance as required by the ODG guidelines. Additionally, the patient received an injection in the hip on 12/17/14 and experienced an increase in pain following the injection. The current request is not medical necessary.