

Case Number:	CM15-0129472		
Date Assigned:	07/16/2015	Date of Injury:	09/27/2011
Decision Date:	08/11/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/06/2015

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 47 year old female, who sustained an industrial injury on 09/27/2011. On provider visit dated 06/08/2015 the injured worker has reported right hip with improved pain since last injection but was noted to start to bother her again. On examination the right hip was noted to have a limited range of motion, pain with prolonged standing and walking, pain going up and down stairs and pain with pivoting and rotation was noted. MRI of the right hip revealed loss of the articular cartilage in the right anterior superior acetabulum with irregularity along the labral chondral transition zone concerning for a labral tear, mild associated edema in the femoral head, findings consistent with represent labral injury. The diagnoses have included right hip pain. Treatment to date has included injections, physical therapy and medication. The provider requested fluoroscopy guided right hip injection by radiologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopy guided Right Hip injection by Radiologist: 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 - 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 section, Injections.

Decision rationale: Pursuant to the Official Disability Guidelines, fluoroscopy guided right hip injection by radiologist 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 hip disorder, status post 2 arthroscopic procedures; and rule out lumbar radiculopathy. The date of injury is September 27, 2011. The request for authorization is June 18, 2015. The injured worker is status post right hip arthroscopy secondary to labral injury July 2012. In a progress note dated February 17, 2015, the injured worker had an MR arthrogram that showed edema at the acetabular region. A March 3, 2015 progress note states the injured worker post-injection had 2-3 days of relief and symptoms are returning. The progress note dated June 8, 2015 indicates symptoms improved for 3 to 4 months and are now returning. The documentation does not contain specific percentages of pain relief and duration of pain relief. The March 3, 2015 progress note and June 8, 2015 progress note contain conflicting symptomatic improvement. The progress notes do not contain diagnoses or physical examinations. A QME from 2014 indicates hip Injections were provided temporary relief. Consequently, absent clinical documentation with specifics regarding percentage pain relief and duration pain relief, documentation demonstrating objective functional improvement and subjective and objective clinical findings in the progress note documentation, fluoroscopy guided right hip injection by radiologist is not medically necessary.