

Case Number:	CM15-0170869		
Date Assigned:	09/11/2015	Date of Injury:	09/10/2013
Decision Date:	10/09/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/31/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 male, who sustained an industrial injury on 9-10-2013. The injured worker was diagnosed as having status post L4 through S1 posterior and anterior spinal fusion, left hip osteoarthritis, and left knee osteoarthritis. Treatment to date has included diagnostics, lumbar spinal surgery, physical therapy, and medications. Currently (6-03-2015), the injured worker complains of ongoing left hip pain and discomfort. He reported that left knee pain was improved after a cortisone injection. Exam of the hip noted forward flexion to 100 degrees, abduction 20 degrees, internal rotation 10 degrees, and external rotation 25 degrees. He had pain at the extremes of motion and a somewhat firm endpoint. His current medication regimen was not noted and work status was not documented. It was documented that imaging of the pelvis and left hip demonstrated cystic changes of the left femoral head, as well as narrowing of the joint space. There was osteophyte formation in the acetabulum. The treatment plan included a fluoroscopically guided cortisone injection for the left hip, non-certified by Utilization Review on 8-06-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluoroscopic guided corticoid injection, left hip: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Hip & Pelvis (Acute & Chronic), 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 (Acute & Chronic), Intraarticular steroid hip injection (IASHI).

Decision rationale: The claimant sustained a work injury in September 2013 and is being treated for left hip and knee pain and has a diagnosis of osteoarthritis. He underwent a lumbar fusion in January 2015. When seen, there was improved knee pain after a cortisone injection. He was having left hip pain. There was decreased left hip range of motion with pain at end range. There was decreased knee range of motion without instability. An x-ray of the left hip included findings of joint space narrowing with cystic changes. An intra-articular steroid hip injection is under study for moderately advanced or severe hip osteoarthritis. Fluoroscopic guidance for the procedure is recommended. In this case, the claimant has more than mild osteoarthritis by x-ray and has ongoing hip pain. The requested injection is medically necessary.