

Case Number:	CM15-0175069		
Date Assigned:	09/16/2015	Date of Injury:	01/28/2013
Decision Date:	10/19/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/04/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 is a 45 year old female with a date of injury of January 28, 2013. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar myofascial strain superimposed on lumbar degenerative disc disease, and right hip anterior superior degenerative labral tear with groin pain. Medical records dated April 28, 2015 indicate that the injured worker complains of back discomfort localized to the posterior iliac crest area on the right radiating to the right buttock, and right groin discomfort worse with rotation of the hip. A progress note dated August 17, 2015 notes subjective complaints of increasing symptoms over the last several weeks with more significant limitations in function, increased mechanical symptoms, and catching and popping of the right hip. The physical exam dated April 28, 2015 reveals right hip flexion of 110 degrees, external rotation of 60 degrees, internal rotation of 50 degrees with soreness, abduction of 45 degrees, and adduction of 20 degrees, and anterior groin soreness most notably with internal rotation. There was minimal pain to palpation about the anterior thigh. The progress note dated August 17, 2015 documented a physical examination that showed pain at end range of motion in flexion and external rotation, which produced the majority of the groin pain. Treatment has included at least eighteen sessions of physical therapy for the hip, magnetic resonance imaging of the right hip (June of 2014) that showed tearing of the labrum, cortisone injection of the right hip with improvement, and second cortisone injection of the right hip that did not produce the same benefit as the first injection. The original utilization review (August 18, 2015) non-certified a request for one ultrasound guided steroid 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:

Right hip ultrasound guided steroid injection x1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM and Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip chapter and pg 20.

Decision rationale: According to the guidelines, intraarticular hip injections are under study for hip osteoarthritis but it is recommended as a short-term option for hip bursitis and should be performed under fluoroscopy. In this case, the claimant is not diagnosed with bursitis. Subsequent injections are providing decreasing benefit in quality and frequency. As a result, additional hip injections are not medically necessary.