

Case Number:	CM15-0061268		
Date Assigned:	04/07/2015	Date of Injury:	07/29/2010
Decision Date:	05/12/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	03/31/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 77 year old female, who sustained an industrial injury on 7/29/10. She reported initial complaints of left hip pain from injury and dislocation. The injured worker was diagnosed as having s/p revision left total hip replacement in 2007, depression, and anxiety. Treatment to date has included oral and topical medication, diagnostics, surgery (right total hip arthroplasty in 1998 and revision left total hip arthroplasty on 3/6/12), cognitive behavior therapy, and physical therapy. Currently, the injured worker complains of left hip pain. Per the primary physician's progress report (PR-2) from 3/13/15 noted hip pain at the left iliotibial band and left leg weakness and using the right leg a lot with right groin pain. The pain was now interfering with yoga and walking. A cane was used for ambulation. The requested treatments include left hip aspiration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Hip Aspiration: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Joint Aspiration.
<http://emedicine.medscape.com/article/2094114-overview>.

Decision rationale: According to Medscape, "Aspiration of a joint (arthrocentesis) with subsequent analysis of the synovial fluid is a critical component in diagnosing arthritis. Analysis of the joint fluid can differentiate an inflammatory arthritis from a noninflammatory arthritis. A definitive diagnosis of crystalline arthritis or septic arthritis can be made only by means of joint aspiration." There is no clinical evidence supporting the diagnosis of hip arthritis or evidence of effusion that may require aspiration. There is no clear evidence of the benefit of hip aspiration. Therefore the request for Left Hip Aspiration is not medically necessary.