MAXIMUS Federal Services

| Case Number: | CM15-0095330 | | |
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| Date Assigned: | 05/21/2015 | Date of Injury: | 11/28/2009 |
| Decision Date: | 06/25/2015 | UR Denial Date: | 05/08/2015 |
| Priority: | Standard | Application Received: | 05/18/2015 |

## 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
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 77 year old female, who sustained an industrial/work injury on 11/28/09. She reported initial complaints of back pain. The injured worker was diagnosed as having chronic low back pain, distant history of L5-S1 fusion, bilateral foraminal stenosis, moderated central stenosis , chronic right hip pain with severe osteoarthritis. Treatment to date has included medication and diagnostics. Currently, the injured worker complains of right hip, groin, and low back pain rated 9/10 along with insomnia. Per the physician consultation on 4/16/15, examination noted reduced lumbar and right hip range of motion with pain, palpatory tenderness mostly in the right side of the low back, pelvic rock and sustained hip flexion tests were positive, positive Patrick's maneuver in the right hip and slow gait requiring a cane. Current plan of care included injection, aquatic therapy, and mediation. The requested treatments include right hip intra-articular corticosteroid injection.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Hip intra-articular corticosteroid injection:** 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis Chapter, Intra-articular steroid hip injection (IASHI).

**Decision rationale:** Regarding the request for Right Hip intra-articular corticosteroid injection, CA MTUS does not address the issue. ODG cites that they are "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... 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." Within the documentation available for review, this was non- certified by utilization review as there was no indication that the injection was to be performed with fluoroscopic guidance. This has still not been identified and, as such, there is no clear indication for injection in the absence of fluoroscopic guidance. In the absence of clarity regarding the above issues, the currently requested Right Hip intra-articular corticosteroid injection is not medically necessary.