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Notice of Independent Review Decision

**DATE OF REVIEW:** February 28, 2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Intraarticular Steroid Injection Right Hip. CPT Code: 20610.

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

DIPLOMATE, AMERICAN BOARD OF ORTHOPAEDIC SURGERY  
FELLOW, AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Medical records from the Carrier/URA include:

- Official Disability Guidelines, 2008
- M.D., 06/15/11, 07/22/11, 10/04/11
- Comp, 10/07/11
- Orthopedic Associates, 10/07/11
- 10/14/11, 12/16/11
- M.D., 10/04/11

Medical records from the Requestor/Provider include:

- M.D., 06/15/11, 07/22/11, 10/04/11
- Medical Center 07/01/11
- Progress Note, 07/22/11, 10/04/11

**PATIENT CLINICAL HISTORY:**

To Whom It May Concern:

I have had the opportunity to review medical records on this patient. The records indicate a date of injury of xx/xx/xx, and include a reported injury to the right hip. According to the medical records, the patient slipped and fell on some ice, injuring his right hip.

The patient eventually came under the treatment of orthopedic surgeon, M.D. The initial date of evaluation with Dr. was June 15, 2011. Dr. notes that the patient slipped on some ice and landed on his right hip. The patient subsequently developed a lateral hip and groin pain. His impression was that the patient had right hip pain. He noted on x-rays mild degenerative changes in the femoral head and minimal narrowing of the joint space. He recommended an intra-articular injection.

On July 1, 2011, M.D., a radiologist, performed a fluoroscopic guided intra-articular injection.

The patient followed up with Dr. on July 22, 2011. His pain had mostly improved. Dr. recommended return of full activities and a full duty work release. He reported at that time that he was "feeling great."

The patient returned to see Dr. on October 4, 2011. He reported a one month history of groin pain. Dr. provided a diagnosis of right hip osteoarthritis and recommended a repeat intra-articular steroid injection. This was non-certified by the carrier, citing a peer review conducted by M.D. There was an independent review organization subsequently requested.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

The denial in this case was appropriate. The ODG Guidelines do not recommend intra-articular steroid injections for early hip arthritis. The diagnosis in this case clearly is early hip arthritis. The intra-articular steroid hip injections are not supported by ODG for the compensable condition. It is, therefore, that the denial should be upheld.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)