

Case Number:	CM13-0011884		
Date Assigned:	06/11/2014	Date of Injury:	11/18/2003
Decision Date:	08/01/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/15/2013

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. The expert reviewer is Board Certified in Internal & Emergency Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 75 year-old with a date of injury of 11/18/03. A progress report associated with the request for services, dated 05/08/13, identified subjective complaints of bilateral hip and left shoulder pain. Objective findings included decreased range-of-motion of the hips. Motor and sensory function was normal. Diagnoses included the symptoms of pain in the shoulder, upper arm, hand, pelvis, lower leg, ankle and foot. Treatment had included previous steroid injections. A Utilization Review determination was rendered on 07/24/13 recommending non-certification of left trochanteric bursa injection and right trochanteric bursa injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT TROCHANTERIC BURSA INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis, Trochanteric Bursitis Injections.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) does not address trochanteric injections. The Official Disability Guidelines (ODG) state that trochanteric bursitis

injections are recommended. Also that steroid injection should be offered as a first-time treatment of trochanteric bursitis, particularly in older adults. In the first randomized trial comparing injection to usual care, a clinically relevant effect if injection was shown at a 3-month follow-up visit for pain at rest and activity, but at a 12-month visit, the differences in outcome were no longer present. There are no recommendations for interval injections. In this case, there was limited documentation (objective findings) that would support the medical necessity for a left trochanteric injection. Therefore, the left trochanteric bursa injection is not medically necessary and appropriate.

RIGHT TROCHANTERIC BURSA INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis, Trochanteric Bursitis Injections.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) does not address trochanteric injections. The Official Disability Guidelines (ODG) state that trochanteric bursitis injections are recommended. Also that steroid injection should be offered as a first-time treatment of trochanteric bursitis, particularly in older adults. In the first randomized trial comparing injection to usual care, a clinically relevant effect if injection was shown at a 3-month follow-up visit for pain at rest and activity, but at a 12-month visit, the differences in outcome were no longer present. There are no recommendations for interval injections. In this case, there was limited documentation (objective findings) that would support the medical necessity for a right trochanteric injection. Therefore, the request for right trochanteric bursa injection is not medically necessary and appropriate.