

<b>Case Number:</b>	CM13-0026948		
<b>Date Assigned:</b>	03/26/2014	<b>Date of Injury:</b>	02/11/2009
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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:

The claimant is a 65-year-old gentleman injured in a work-related accident on February 11, 2009. Records document initial complaints of low back pain with radiating leg pain. Notes from an August 19, 2013, orthopedic follow-up state that the claimant underwent an ultrasound-guided right hip intra-articular injection. A follow-up report dated August 29, 2013, indicates that the ultrasound-guided injection provided no long-term relief. Physical examination findings showed focal tenderness over the trochanteric bursa bilaterally with no significant pain upon internal or external rotation of the hip. The claimant was diagnosed with a previous L4 burst fracture with severe central stenosis. There were also diagnoses of bilateral lateral hip pain secondary to trochanteric bursitis. The notes on that date indicated that an ultrasound-guided left lateral femoral cutaneous nerve block was performed. The documentation did not reference imaging studies of the hip as having been performed. This request is for an ultrasound examination of the right lateral hip.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PEER TO PEER; MUSCULOSKELETAL ULTRASOUND EXAMINATION OF THE RIGHT LATERAL HIP: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis (updated 6/12/13).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) OFFICIAL DISABILITY GUIDELINES TREATMENT IN WORKER'S COMP, 18TH EDITION, 2013 UPDATES: HIP PROCEDURE - ULTRASOUND (SONOGRAPHY).

**Decision rationale:** California ACOEM and MTUS Guidelines do not address an ultrasound assessment in the hip. According to Official Disability Guidelines, ultrasound is indicated for diagnostic assessment prior to treatment with ultrasound- guided intra-articular hip injections and can be used as an adjunct to diagnose scar tissue formation, adhesion or muscle spasm. In this case, there is no indication of specific clinical physical examination findings or previous imaging study results that would support the need for a diagnostic ultrasound assessment of the claimant's lateral hip. Diagnoses such as trochanteric bursitis are still based solely on gold standards such as physical exam findings. The request is not medically necessary.