

<b>Case Number:</b>	CM13-0027831		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	04/25/2002
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and 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 least at 24 hours a week in active practice. The physician 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 69 year-old with a date of injury of 04/25/02. The mechanism of injury was a fall that resulted in the patient hitting her head and causing injury to her neck, left shoulder, arm, knee, and hip. The most recent progress notes included by [REDACTED], dated 08/20/13 and 11/12/13, identified subjective complaints of continued pain. This included back pain, myalgia, muscle weakness, stiffness, joint complaint, and arthralgia. Objective findings included left and right trochanteric bursa tenderness, and paralumbar tenderness. Diagnostic studies were not included. Diagnoses indicate that the patient has "Lumbago and Trochanteric Bursitis". Treatment has included oral analgesics and bilateral trochanteric bursa steroid injection. Treatment now recommended is to continue oral medications and repeat injections with ultrasound guidance. A Utilization Review determination was rendered on 09/17/13 recommending non-certification of "Repeat bilateral trochanteric bursa injection with ultrasound guidance in 3 months".

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Repeat bilateral trochanteric bursa injection with ultrasound guidance in 3 months:**

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 & Pelvis (updated 06/12/13).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis, Trochanteric Bursitis Injections and <http://www.ncbi.nlm.nih.gov/pubmed/24001885>

**Decision rationale:** 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. The use of ultrasound to aid in the injection of the bursa is appropriate. This modality is frequently used to avoid injection into the wrong space. Cavities are well visualized on ultrasound. A cadaveric study showed the benefit of injection into the bursa using ultrasound guidance. There are no recommendations, however, for interval injections. Likewise, based upon the above study, it would be expected that the patient may have had a positive response and would not need another injection at three months. Though trochanteric bursa injections are recommended, there is no medical necessity to approve an injection 3 months after.