

Case Number:	CM13-0027861		
Date Assigned:	11/22/2013	Date of Injury:	09/16/2004
Decision Date:	02/14/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	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 Family Practice and is licensed to practice in Texas. 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 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.

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 patient is a 60-year-old who sustained a work-related injury on 09/16/2004. Subjectively, the patient reported complaints of severe left hip and bilateral knee pain. Objectively, the patient was noted to have severe tenderness to palpation over the left trochanteric bursa as well as painful range of motion of the left hip. Radiograph findings were insignificant. The clinical information indicates the patient underwent a cortisone shot on 06/18/2013. The patient's treatment plan included anti-inflammatories, oral steroids, physical therapy, as well as a request for an MRI of the left hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

one cortisone injection on the left 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 & Pelvis Chapter

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 Chapter, Intra-Articular Steroid Hip Injection (IASHI) Section.

Decision rationale: The Physician Reviewer's decision rationale: Official Disability Guidelines recommend the use of steroid injections as an option for short-term pain relief in hip trochanteric bursitis; however, the clinical information submitted for review indicates the patient has

undergone a prior injection, but there is lack of objective documentation of functional improvement or pain reduction as evidenced to support the repeat use of further injections. As such, the request is not supported. The request for one cortisone injection on the left hip is not medically necessary or appropriate