

Case Number:	CM13-0049583		
Date Assigned:	12/27/2013	Date of Injury:	08/02/2012
Decision Date:	06/20/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/08/2013

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 Medicine , has a subspecialty in Nephrology and is licensed to practice in California. 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 patient is a 73-year-old female with a date of injury on 8/2/2012. The injury occurred when she fell over a cart at work. A request was made for a left hip trochanteric bursa injection. A note on 10/9/2013 documents the following diagnoses: other internal derangement of knee, osteoarthritis unspecified whether generalized or localized (LOC), other disorders of coccyx, and lumbago. Physical examination demonstrated that there is exquisite tenderness over the greater trochanter on the left and moderate tenderness over the right hip. Range of motion is normal. A follow-up note on 11/20/13 documents the following subjective complaints: continues to have low back pain with radiation into the dorsum of both feet. Left hand pain and hip and knee pain; she notes only with the medications is she able to continue working. The patient reports that she is having increasing thoracic spine pain. The physical examination revealed: exquisite tenderness over the greater trochanter on the left and moderate tenderness over the right hip. Range of motion is normal; neurologic testing is grossly normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

TROCHANTERIC BURSA INJECTION OF THE LEFT HIP: 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 Other Medical Treatment Guideline or Medical Evidence Up-to-date: Trochanteric Bursitis (link below).
http://www.uptodate.com/contents/trochanteric-bursitis?source=search_result&search=bursitis&selectedTitle=4%7E128

Decision rationale: Based on a review of the notes, other more conservative measures for the trochanteric bursitis were not tried. Additionally, the bursitis was not associated with range of motion problems or abnormal neurologic testing. Lastly, the primary subjective complaint of the patient at followup visits notes worsening back pain, not hip pain. The hip pain was documented as persistent with no documentation of attempts at conservative measures noted above.