

Case Number:	CM13-0066549		
Date Assigned:	01/03/2014	Date of Injury:	04/07/2007
Decision Date:	05/20/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/16/2013

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 Occupational Medicine 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 66 year old female who was injured on 04/07/2007 when the patient slipped and fell causing low back pain and left hip pain. Diagnostic studies reviewed include a notation on progress note 11/12/2013 stating x-rays of the hip and pelvis reveal old staples. No significant degenerative joint disease of the hip. No degenerative change at the SI joint. Progress note dated 11/12/2013 documented the patient to have complaints of severe left lateral hip pain. She has had two recent trochanteric bursa injections with steroid with four days of pain relief. The pain has returned and is severe and disabling. Objective findings on exam she has severe trochanteric bursa tenderness and tenderness over the left gluteus medias insertion site. Diagnostic Impression: Bilateral Sacroiliitis, Severe left trochanteric bursitis, Lumbar spondylosis, Chronic pain syndrome, and Adjustment disorder Discussion: The patient continues to have severe left trochanteric bursa tenderness and pain. She had temporary relief from injections with local anesthetic and steroid. We cannot continue the steroid injections indefinitely. She is an excellent candidate for trochanteric bursa injection with platelet-rich plasma under ultrasound. This should provide her more sustained pain relief without exposure to steroids.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT TROCHANTERIC BURSA PRP (PLATELET RICH PLASMA) INJECTION UNDER ULTRASOUND GUIDANCE.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (CHAPTER ON HIP, KNEE, ANKLE AND ELBOW)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), HIP AND PELVIS, PLATELET-RICH PLASMA (PRP), TROCHANTERIC BURSITIS INJECTIONS

Decision rationale: The CA MTUS does not address this request. According to the Official Disability Guidelines, platelet rich plasma injections are currently under study as a potential treatment for osteoarthritis of the hip. The patient has been recommended PRP to address severe trochanteric bursitis. Evidence-based medicine does not currently support this intervention for this condition. The medical necessity of the request has not been established.