

Case Number:	CM13-0071175		
Date Assigned:	01/08/2014	Date of Injury:	04/06/2010
Decision Date:	04/25/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/12/2013

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 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 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 65-year-old female who sustained an injury on 04/06/2010 when involved in a motor vehicle accident. The patient was evaluated on 11/14/2013 for complaints of neck pain, lower backache, right shoulder pain, right hip pain, and numbness over the left foot. The documentation submitted for review did not indicate the patient's pain level. The physical examination noted the patient to have muscle wasting, muscle weakness, and muscle pain. The physical examination further indicated the patient had negative numbness, paralysis, seizures, tingling, tremors, and weakness. The patient underwent an MRI of the lumbar spine on 03/20/2012 which was noted to have significant findings. The physical examination further noted the patient to have tenderness over the right trochanter. The patient's deep tendon reflexes were noted as diminished bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Greater Trochanter Bursa Injection: 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 Official Disability Guidelines (ODG) Hip and Pelvis: Trochanteric Bursitis injections

Decision rationale: The request for right greater trochanter bursa injection is non-certified. The Official Disability Guidelines recommend the use of trochanteric bursitis injections for patients with trochanteric bursitis. The documentation submitted for review indicated a diagnosis of trochanteric bursitis; however, the documentation submitted for review did not have physical examination findings to corroborate the diagnosis. The documentation submitted for review did not indicate the patient had pain when lying on the affected side, nor difficulty with activities such as getting up from a deep chair or getting out of a car, nor pain with walking up stairs. As the documentation submitted for review did not indicate the patient had clinical presentation of trochanteric bursitis, the use of a greater trochanteric bursa injection is not supported. Given the information submitted for review, the request for right greater trochanter bursa injection is non-certified.