

Case Number:	CM14-0015635		
Date Assigned:	03/03/2014	Date of Injury:	11/01/2012
Decision Date:	10/02/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/07/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 50 year old male who sustained a work related injury on 11/1/2012 as a result of a fall of approximately 13 feet after the ladder he was standing upon to paint a window slipped and he landed on his lower back, left side, elbows and head. On his supplemental report dated 12/11/2013 he reports 7/10 aching lower back pain with associated numbness and tingling that is worsened by walking and bending. His pain decreases with use of medications, rest and lying down. Examination of the hip demonstrates tenderness at the greater trochanter. A diagnosis of greater trochanteric bursitis is made. Request for ultrasound guided cortisone injection is made, along with physical therapy. In dispute is a decision for Ultrasound guided cortisone injection for the left hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided cortisone injection for the left hip: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 11th edition, Hip & Pelvis, Trochanetic Bursitis Injections

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 (Acute & Chronic), Intra-articular steroid hip injection (IASHI) X Other Medical Treatment

Guideline or Medical Evidence: Ultrasound-Guided Intervention Around the Hip Joint;
American Journal of Roentgenology; July 2011; 197:1
<http://www.ajronline.org/doi/full/10.2214/AJR.10.6344>

Decision rationale: Ultrasound guidance for trochanteric bursitis: Ultrasound guidance allows for assessment of both intra- and extra articular pathology. Ultrasound alleviates the need for radiation exposure and is the imaging modality of choice for aspiration of the hip joint. Guided injection of the greater trochanteric bursa or the iliopsoas tendon bursa may have enormous therapeutic benefits to the patient without the need for surgery or exposure to ionizing radiation. Therefore this request is medically necessary.