

Case Number:	CM14-0019692		
Date Assigned:	04/28/2014	Date of Injury:	01/30/2013
Decision Date:	07/08/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/18/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in New York and 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 injured worker is a 63 year old female who reported a hip injury from a fall on 01/30/2013. The clinical note dated 12/20/2013 reported the injured worker had right hip pain and an inability to do her activities of daily living. The physical exam noted impaired range of motion with flexion in the right hip at 45 degrees and pain reported with internal rotation with no pain or tenderness reported over the greater trochanter bursa. Diagnoses listed were cervical strain, herniated disc cervical spine, radiculitis right upper extremity, bilateral carpal tunnel syndrome, right arm pain, low back pain, radiculitis right lower extremity, and degenerative joint disease right hip. The clinical note dated 10/29/2013 stated the injured worker previously had a hip injection with 80% relief; however the dated and type of injection was not documented. The request for authorization was not provided within the medical documents provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR ULTRASOUND GUIDED STEROID INJECTIONS OF THE RIGHT HIP GREATER TROCHANTERIC BURSA X1 (DOS:12/6/13): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip, Trochanteric Bursitis Injections.

Decision rationale: The Official Disability Guidelines for trochanteric pain, corticosteroid injection is safe and highly effective, with a single corticosteroid injection often providing satisfactory pain relief. Trochanteric bursitis is the second leading cause of hip pain in adults, and a steroid-anesthetic single injection can provide rapid and prolonged relief, with a 2.7-fold increase in the number of patients who were pain-free at 5 years after a single injection. Steroid injection should be offered as a first-line treatment of trochanteric bursitis, particularly in older adults. However, the diagnosis does not indicate the bursitis as a pain generator and the etiology of the pain stems from degenerative joint disease. In addition, the injured worker reported an 80% relief from a hip injection, but the duration of relief and the type of injection was not found within the submitted medical records. Thus, the request is non-medically necessary and appropriate.

RETROSPECTIVE REQUEST FOR ULTRASOUND GUIDED STEROID INJECTIONS OF THE RIGHT LATERAL FEMORAL CUTANEOUS NERVE X1 (DOS:12/20/13):
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip, Femoral Nerve Block.

Decision rationale: The Official Disability Guidelines state femoral nerve blocks can interrupt sensory impulses from the hip joint and provide complete pain relief without affecting the central nervous system, thus making preoperative care easier and postoperative rehabilitation can be started earlier. Femoral nerve block provides adequate pain relief, equivalent to pharmacological treatment in most patients. In one clinical trial, the time for postoperative mobilization was shorter and less temporary confusion was seen. There were no complications, making nerve block a good alternative to traditional pharmacological preoperative treatment for patients with hip fractures. However, the injured worker lacked documentation that she was either in post operative status or preoperative status. In addition, the injured worker was not diagnosed with a hip fracture. Hence, the request is not medically necessary and appropriate.