

Case Number:	CM14-0119581		
Date Assigned:	08/06/2014	Date of Injury:	09/29/2011
Decision Date:	10/03/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/29/2014

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 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:

This is a 64 year old male with a 9/29/11 injury date. He picked up a bag and felt pain. In a follow-up on 7/7/14, subjective complaints included continued right hip pain but with 50% relief after the last injection three months prior and continued lower back pain. Objective findings included multiple positive findings for sacroiliac dysfunction but no documentation of right hip exam. Diagnostic impression: right trochanteric bursitis. Treatment to date: right troch, Bursa injection (4/7/14) with 50% relief, NSAIDs. A UR decision on 7/23/14 denied the request for right trochanteric bursal injection on the basis that there is lack of efficacy concerning prior treatment methods; two prior injections resulted in only partial relief, and minimal new objective findings to support another injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Trochanteric 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 Chapter.

Decision rationale: CA MTUS does not address this issue. ODG note that signs consistent with trochanteric bursitis include pain in the hip region on walking, and tenderness over the upper part of the femur, which may result in the inability to lie in comfort on the affected side. Prior conservative treatment should include rest, avoiding actions that results in aggravation of the pain, anti-inflammatories prior to definitive treatment of a steroid injection. In the present case, there is limited documentation of positive exam signs of the right hip that would point to trochanteric bursitis. There is limited documentation of the extent, duration, and type of prior conservative treatment modalities including a trial of physical therapy to address this issue specifically. In addition, prior injections to the right hip trochanteric bursa have not been very effective, providing at most 50% relief. In the present case, the request for right trochanteric bursa injection is not medically necessary.