MAXIMUS Federal Services

Case Number:	CM14-0020862		
Date Assigned:	04/30/2014	Date of Injury:	09/14/2006
Decision Date:	07/08/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/19/2014

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 Orthopedic Surgery 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 claimant is a 51-year-old female who was injured on 09/14/06. The report of an MRI of the left hip dated 12/04/13 identified thinning of the superofemoral head of the articular surface with the remainder of the examination being unremarkable. Electrodiagnostic studies were also performed of the lower extremities on 01/31/13 that were noted to be negative. A 12/11/13 follow up assessment documented continued complaints of persistent lateral hip pain and noted no significant relief with a recent trochanteric bursa injection. Physical examination of the hip showed tenderness to palpation at the greater trochanter with pain along the IT band proximally and distally with motion. There was palpable crepitation at the greater trochanter. Based on a diagnosis of persistent iliotibial band syndrome and trochanteric bursitis, a trochanteric bursectomy was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT HIP OPEN TROCHANTERIC BURSECTOMY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip/Pelvis.

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

Worker's Comp, 18th Edition, 2013 Updates, hip procedure: Trochanteric bursitis injections and AAOS June 2007, Arthroscopic Bursectomy Works for Stubborn Trochateric Bursitis by Mary Ann Porucznik.

Decision rationale: California MTUS and ACOEM Guidelines do not address this procedure. When looking the Official Disability Guidelines trochanteric bursitis is a self limiting process that responds favorably to conservative management including physical therapy, injections and ultimately the passage of time. Currently there is no true indication for the role of an open trochanteric bursectomy. The current clinical literature does not support the acute need of the procedure in question. The specific request would not be supported. Therefore, the request is not medically necessary.

ASSISTANT SURGEON: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

PRE OP MED CLEARANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

PRE-OP LABS:CBC, PT, PTT, UA: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.