

Case Number:	CM14-0024496		
Date Assigned:	06/11/2014	Date of Injury:	08/02/2011
Decision Date:	07/30/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	02/26/2014

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 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 59 year old male with a 08/02/2011 date of injury. The primary diagnosis is left hip enthesopathy. A prior UR determination was provided on 2/17/2014, which rendered noncertification for the requested iliotibial band lengthen and 12 visits of PT. It was determined that the medical records did not detail the patient's past care, and exhaustion or failure of standard conservative measures had not been established. The medical records provided document that the patient underwent left greater trochanteric bursectomy and iliotibial band release on 3/11/2014. He had completed 12 postoperative therapy sessions as of 05/22/2014, status post iliotibial, with noted improvement in activity tolerance, overall function, and pain. He has returned to modified work. The patient had an orthopedic follow-up on 3/27/2014. Objectively, he walks with a mild limp, incision sites are healing well without erythema or drainage. He is to proceed with PT and follow-up in 4 weeks. According to the most recent physical therapy progress report dated 5/22/2014, the patient reports walking a lot better. He can walk for 30 minutes on/service before needing to take a sitting break. He has the most difficulty walking up and down stairs, squatting and kneeling. He continues to work on home exercises for hip and trunk strengthening. He has returned to work, modified duty, notes difficulty sitting in the chair for more than 15 minutes, due to pain. The lateral knee feels pretty good. Objective findings document the patient's FAS score is 70. His gait on flat surface is symmetrical, he has an antalgic pattern with squatting. Left hip strength is 4+/5. Kinesio tape is applied, and manual techniques and therapeutic exercises were performed. Radiographs of the left hip and pelvis, performed on 5/13/13 reveal left total hip arthroplasty with grossly stable and grossly anatomic alignment. No radiographic evidence of hardware loosening identified. No significant heterotopic ossifications are noted. No superimposed acute osseous fractures or acute periosteal reaction identified. Impression: grossly stable radiographic appearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT ILIOTIBIAL BAND LENGTHEN: 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 Other Medical Treatment Guideline or Medical Evidence: WebMD - Iliotibial band syndrome <http://www.webmd.com/pain-management/knee-pain/tc/iliotibial-band-syndrome-topic-overview>.

Decision rationale: According to the ODG, trochanteric bursitis injections are recommended. 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. The guidelines also reference treatment for iliotibial band syndrome to include: nonsteroidal anti-inflammatory drugs (NSAIDs) to reduce pain and inflammation, wearing proper shoes and advising patients to run on even terrain or softer surfaces, and orthotics may help to improve alignment. Additional references also state, Iliotibial band syndrome is treated with rest, medicines to relieve swelling and pain, and stretching exercises as instructed by a physical therapist, and steroid injections at the most tender spot are sometimes helpful. It is appreciated that the medical records indicate the patient has improved following left greater trochanteric bursectomy and ITB release. However, the medical records do not establish the patient had thoroughly exhausted standard conservative and less invasive interventions. There is no specific details of PT trialed, medications, HEP, nor indication injections had been tried, which would be diagnostic and therapeutic. Consequently, the request is not medically necessary.

POST OPERATIVE PHYSICAL THERAPY X 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22.

Decision rationale: According to the guidelines, a therapy program that starts immediately following hip surgery allows for greater improvement in muscle strength, walking speed and functional score. In this case, the medical records do not establish that the ITB lengthening surgery was medically necessary, as exhaustion of conservative measures was not provided. Consequently, the request is not medically necessary.

