

<b>Case Number:</b>	CM14-0025168		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	12/27/2010
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 injured worker is a 54 year old female. She was injured on 12/27/10 when she slipped and fell at work. She failed to respond to subsequent conservative treatment for the left hip injury. She underwent a left total hip arthroplasty on 9/27/13. The injured worker was treated postoperatively through a nursing facility. She was seen by the pain management specialist for medication management. The treating physician noted on 1/6/2014 that physical therapy had not been instituted postoperatively, and proceeded to prescribe physical therapy for the injured worker. On 2/18/14, the treating physician noted a trochanteric bursitis diagnosis. The injured worker reported no improvement and recommended a greater trochanteric bursa injection. The treating physician then indicated the injured worker was just starting to receive physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT HIP 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.

**Decision rationale:** The prior peer-review denial was based on the concern of the lack of a medical rationale supporting the need for a bursal injection from the treating physician. The injured worker is now status post a total hip replacement. The Official Disability Guidelines (ODG) recommends a hip injection for moderate to severe osteoarthritis as appropriate. However, the medical records provided for review did not contain any additional information to support the medical necessity of the injection. Therefore, the request is not medically necessary.