

Case Number:	CM14-0033680		
Date Assigned:	06/20/2014	Date of Injury:	10/29/2013
Decision Date:	08/14/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/17/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 37 year old female who was injured on 10/29/13. She was diagnosed with thoracic sprain/strain, lumbar somatic dysfunction, degenerative disc disease, cervical sprain/strain, bilateral shoulder impingement syndrome, lumbar strain, and back pain. She was treated with medications and chiropractic therapy. On 1/21/14, the worker was seen by her treating physician complaining of neck pain, shoulder pain, elbow pain and arm pain. She also complained on low back pain that occasionally travels to her hips and legs. She reported that her knees also caused her pain, and clicked and locked at times. Upon physical examination, tenderness of the paraspinal muscles of the cervical and lumbar areas, tenderness of the right elbow, and tenderness of the right greater trochanter was revealed. Then on 1/27/14, the worker was seen by her treating physician for a "hip injection". Physical examination revealed tenderness to the greater trochanter on the right. She was then injected in the right trochanteric bursa with Kenolog/lidocaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection of 1cc of Kenalog and 2cc of Lidocaine to the right hip with ultrasound guidance:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) intraarticular steroid hip injection (IASHI).

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 section, Trochanteric bursitis injections.

Decision rationale: The MTUS is silent in regards to corticosteroid injections for trochanteric bursitis. The ODG, however, states that they are recommended as it is safe and highly effective, with a single injection often providing satisfactory pain relief. Corticosteroid injections should be considered first-line therapy for trochanteric bursitis. In the case of this worker, it appears that the previous reviewer may have misunderstood the request as being for an injection of the hip joint itself rather than for trochanteric bursitis. After reviewing the notes available, there is clear evidence that the request and the injection itself (which was already performed) was for bursitis and not for osteoarthritis. Therefore, the Kenolog/lidocaine injection of the trochanteric bursa is appropriate and medically necessary.