

Case Number:	CM14-0045371		
Date Assigned:	06/27/2014	Date of Injury:	10/18/2012
Decision Date:	08/25/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/01/2014

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:

The patient is a 62-year-old male who has submitted a claim for Concussion with Brief Loss of Consciousness, Post-concussion Syndrome, Myofascial Pain Syndrome, Sprain of the Lumbar Region, Cervical Degenerative Disc Disease, Sprain of the Hip and Thigh, and Ankle Sprain (Left), associated with an industrial injury date of October 18, 2012. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of pain in the right hip, left ankle, head, and neck. His hip pain is located laterally along the trochanter and radiated to his groin when stretching his leg. His left ankle pain is also located laterally and radiated to his foot. On physical examination, he had a left-sided flat antalgic gait. Cervical spine examination revealed near-full range of motion with spinous process tenderness noted on C4-6. Percussion over the scalenes on the right caused arm paresthesia. Thoracic spine examination was unremarkable. Lumbar spine examination revealed limited range of motion with spinous process tenderness noted on L5. Right hip examination showed restricted range of motion. There was tenderness of the trochanter. Ober's and Thomas tests were positive. Left ankle examination revealed atrophy of the left extensor digitorum brevis and peroneals. There was no limitation of ankle range of motion. Tenderness of the fibulo-calcaneal ligament and talo-fibular ligament was noted. No sensorimotor deficits were reported and reflexes of all extremities were normal. No recent imaging studies of the hip and ankle were included in the records for review. Treatment to date has included medications, physical therapy, aquatic therapy, and ankle steroid injection. Utilization review from March 14, 2014 denied the request for Bursa/Joint/Tendon Injection of the right hip- Trochanteric, left ankle because there was no indication that the patient underwent any recent active treatment and there were no imaging studies submitted for review. The patient also underwent prior ankle injection but the response to this procedure was not in evidence.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bursa/Joint/Tendon Injection of the right hip- Trochanteric, left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 367-377. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle & Foot (Acute & Chronic); Hip & Pelvis (Acute & Chronic) Official Disability Guidelines, Hip and Pelvis Chapter, Trochanteric Bursitis Injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-37. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hips & Pelvis, Trochanteric Bursitis Injections.

Decision rationale: CA MTUS does not specifically address trochanteric bursitis injections. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that 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. Regarding ankle injections, according to pages 369-371 of the ACOEM Practice Guidelines referenced by CA MTUS, invasive techniques (e.g. needle acupuncture and injection procedures) have no proven value with the exception of corticosteroid injection into the affected web space in patients with Morton's neuroma or into the affected area in patients with plantar fasciitis or heel spur if four to six weeks of conservative therapy is ineffective. In this case, the request for trochanteric bursal injection was made because examination findings suggested trochanteric bursitis. Guidelines support injections for trochanteric bursitis. On the other hand, the request for repeat ankle injection was made to alleviate ongoing left ankle pain. The records also stated that the patient benefitted from previous left ankle injections. However, the records did not reveal evidence of Morton's neuroma, plantar fasciitis, or heel spur. There was also no discussion regarding failure of conservative management for the left ankle. There was also no objective evidence of functional improvement from previous ankle injections. Although a trochanteric bursal injection may be appropriate, there is no clear indication for a left ankle injection. Therefore, the request for Bursa/Joint/Tendon Injection of the right hip- Trochanteric, left ankle is not medically necessary.