

<b>Case Number:</b>	CM14-0058680		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	03/28/2009
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 & Rehabilitation and Pain Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic hip pain reportedly associated with an industrial injury of March 28, 2009. Thus far, the applicant has been treated with analgesic medications and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated April 18, 2014, the claims administrator denied a request for MRI imaging of the hip and greater trochanteric bursa injection, citing non-MTUS ODG Guidelines. The claims administrator invoked poor support information on the part of the attending provider in its decision to deny the request. The applicant's attorney subsequently appealed. On December 10, 2013, the applicant apparently presented with persistent complaints of hip and knee pain. The applicant's right hip pain was progressively worsening and was as high as 9/10, it was noted, sometimes exacerbated by movement. The applicant was working at a rate of 24 hours a week, it was stated. The applicant was using Ultram for pain relief. Limited hip range of motion was noted. The applicant was described as having a diagnosis of hip trochanteric bursitis. The applicant had earlier x-rays of the hip, the results of which were not clearly outlined, it was stated. Acupuncture was sought. In a handwritten note dated March 13, 2014, the applicant presented with persistent complaints of hip pain as high as 7/10. The applicant was given a presumptive diagnosis of hip trochanteric bursitis. MRI imaging of the hip was apparently sought to try and definitively establish the same. The note was somewhat difficult to follow. Authorization for a hip trochanteric bursa injection under fluoroscopic guidance was sought while the applicant was returned to modified duty work. It was suggested that the applicant was working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the right hip:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Hip and Pelvis.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Hip and Groin Chapter, Greater Trochanteric Bursitis section.

**Decision rationale:** The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines Hip and Groin Chapter, however, MRI imaging of the hip is very helpful and useful in establishing/identifying a diagnosis of hip trochanteric bursitis, as is suspected here. The attending provider documented that the applicant had had earlier non-diagnostic plain film imaging of the hip. Hip symptoms persist. MRI imaging to help establish the diagnosis is indicated. Therefore, the request is medically necessary.

**Greater trochanteric bursae injection under 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: Hip and Pelvis.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ACOEM Practice Guidelines, Third Edition, Hip and Groin Chapter, Greater Trochanteric Bursitis section and Summary of Recommendations section.

**Decision rationale:** The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines do note that greater trochanteric bursitis is commonly treated with NSAIDs, glucocorticosteroid injection, and/or physical/occupational therapy. In this case, it appears that the applicant has previously tried the other items in the list, namely NSAIDs, physical therapy/occupational therapy, acupuncture, time, work restrictions, etc. Glucocorticosteroid injection is therefore indicated, as suggested by ACOEM. Accordingly, the request is medically necessary.