

<b>Case Number:</b>	CM14-0081362		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	05/05/2003
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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:

65 year old male with reported date of injury of 5/5/2003. Exam note demonstrates complaint of severe left hip pain. Claimant is status post left total hip arthroplasty June 2011. Exam demonstrates report of severe tenderness to touch over the left greater trochanter with pain upon weight bearing. Bone scan of the left hip from 4/2/14 demonstrates possible loosening of the femoral component of the left total hip replacement. Blood work from 5/5/14 demonstrates elevated white blood cell count with abnormal sed rate and C-reactive protein levels.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 excision of trochanteric bursa on the left: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM; 2011 pg. 1-440.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Trochanteric bursitis injections.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS)/American College of Occupational and Environmental Medicine (ACOEM) is silent on the issue of of trochanteric bursa excision. According to the Official Disability Guidelines (ODG) Hip and

Pelvis, Trochanteric bursitis injections, surgery is not recommended. While injections are recommended for bursitis, surgery is not recommended by the ODG section. In addition the claimant has a bone scan concerning for septic loosening of the hip with abnormal sedimentation rate and C-reactive protein. Therefore trochanteric bursitis excision would not be medically indicated until an infected hip arthroplasty is ruled out. Therefore the determination is not medically necessary and appropriate.

**1 outpatient facility:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM; 2011 pg. 1-440.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**1 cold therapy unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Knee & Leg (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**1 walker:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**12 sessions of post-op physical therapy:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.