

<b>Case Number:</b>	CM14-0082951		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	04/05/2013
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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:

This is a 33-year-old male who sustained a vocational injury on 4/5/13 while working as a set lighting technician when he developed left hip pain. The records provided for review document that the claimant had a past surgical history of a piriformis excision in March 2012. The claimant's current working diagnosis is left hip injury with traumatic piriformis injury necessitating a piriformis release and an L4-5 disc herniation. The most recent office notes provided for review are dated 3/5/14 and 4/16/14 and do not document any pertinent objective findings on examination that would establish a diagnosis of greater trochanteric bursitis. There is a lack of documentation of neurological exam as well as piriformis test. Conservative treatment to date has included physical therapy, acupuncture, and chiropractic treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound Guided Left Greater Trochanter/Gluteus Medius 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 (ODG); Treatment in Worker's Comp; 2013 Updates: Hip & Pelvis chapter - Trochanteric bursitis injections.

**Decision rationale:** The California MTUS and ACOEM Guidelines do not address this request. After review of the documentation presented for review and in accordance with Official Disability Guidelines, the request for the left greater trochanteric/gluteus medius injection cannot be considered medically necessary. There is a lack of recent documented subjective complaints and abnormal physical exam objective findings along with differential diagnoses establishing the medical necessity for the requested procedure. The request is not medically necessary.