

Case Number:	CM14-0188705		
Date Assigned:	11/19/2014	Date of Injury:	06/10/2013
Decision Date:	01/07/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/12/2014

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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 injured worker is a 60-year-old gentleman with a date of injury of 06/10/2003. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 08/18/2014, 09/22/2014, and 10/29/2014 indicated the worker was experiencing neck pain that went into the right shoulder and arm, right shoulder stiffness, and lower back pain that went into the flank and both legs with associated numbness. The note dated 10/29/2014 mentioned the presence of worsening right hip pain. Documented examinations described upper back tenderness, decreased sensation in both arms, right shoulder tenderness and stiffness, a positive right shoulder impingement sign, a painful walking pattern, decreased motion in the lower back joints, and positive testing involving raising a straightened right leg. The submitted and reviewed documentation concluded the worker was suffering from right cervical radiculopathy, right shoulder impingement syndrome with acromioclavicular degenerative joint disease, right leg radiculopathy with weakness, L4 and L5 stenosis, a right lateral meniscus tear with repair, and a new right greater trochanter bursitis as per the note dated 10/29/2014. Treatment recommendations included oral pain medications, physical therapy for the shoulder, pain management evaluation, facet blocks at L4, medications injected near the spinal nerves in the cervical and lumbar regions, a daily pain diary, and medication injected into the right hip. A Utilization Review decision was rendered on 10/29/2014 recommending non-certification for Corticosteroids Injected Near The Greater Trochanter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Greater Trochanter Corticosteroid Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OGD Hip & Pelvis (updated 10/09/14)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Anderson BC, et al. Trochanteric bursitis. Topic 7760, version 11.0. UpToDate, accessed 01/02/2015.

Decision rationale: The MTUS Guidelines are silent on this issue in this clinical situation. The trochanteric bursa is a lubricating sac in the hip joint. Swelling in this sac is among the most common causes of hip pain. The goals of treatment are to decrease the swelling of the sac, improve the ability to walk normally, and prevent the swelling from coming back. The literature supports treatment during the early phases of this condition with heat then specific stretching exercises, a non-steroidal anti-inflammatory drug, activity and posture modification, and avoiding direct pressure on the bursa. Treatment with injected medications is reserved for when the cause of the bursitis cannot be identified and symptoms have failed to respond to conservative management or there is such severe pain in the initial stage that both sleep and activity are dramatically limited. The submitted and reviewed documentation indicated the worker was experiencing neck pain that went into the right shoulder and arm, right shoulder stiffness, and lower back pain that went into the flank and both legs with associated numbness. A treating physician note dated 10/29/2014 mentioned the presence of worsening right hip pain. Documented assessment of this issue was minimal. There was no description of severe hip pain, and interference with sleep and/or daily function was not mentioned. There was no suggestion of prior failed conservative management. In the absence of such evidence, the current request for Right Greater Trochanter Corticosteroid Injection is not medically necessary.