

Case Number:	CM14-0191674		
Date Assigned:	11/25/2014	Date of Injury:	05/30/1996
Decision Date:	02/24/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabn, Neuromuscular Medicine

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 71 year old male with a date of work injury 5/30/96. The diagnoses include lumbosacral spondylosis, lumbar radiculopathy, and hip arthritis. He was status post left total hip arthroplasty (THA) on 7/29/13. The patient had history of a left knee replacement, approximately 12 years ago and was scheduled for a left total knee replacement for 10/20/14. Under consideration are requests for left trochanteric bursa injection with ultrasound guidance and combination of land and aquatic therapy 2x6 lumbar spine. There is a 9/23/14 progress note that states that the patient has low back pain which is associated with hip pain, left leg weakness and numbness. The patient is transitioning in care from another physician. On exam the patient has 5/5 muscle strength in the bilateral tibialis anterior, bilateral gastrocnemius, toe dorsiflexors bilaterally. The gait is antalgic favoring the left lower extremity. The patient has pain with lumbar extension/flexion/facet loading and tenderness over the facets. There is tenderness at the greater trochanter bursa. There is a recommendations for heat, rest, ice and massage and a left greater trochanter bursa injection with ultrasound and a request for PT. A 10/14/14 progress note states that the patient had 4 physical therapy sessions without change in pain. The patient has low back pain radiating to both hip s and down the left leg. The patient notes no change with physical therapy. He is scheduled for a left total knee replacement on 10/20/14. On the musculoskeletal exam he is noted to have pain with lumbar extension/flexion, facet loading, and sacroiliac tenderness. The treatment plan included lumbar facet blocks and for the hip bursistis to continue modalities, rest, ice, massage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Trochanteric Bursa Injection with Ultrasound Guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Hip & Pelvis Chapter; Trochanteric bursitis injections: Pain chapter; Injection with anesthetics and/or steroids

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

Decision rationale: The MTUS does not address this issue. The ODG states that in older adults, corticosteroid injection should be considered as first-line treatment of trochanteric bursitis because it is safe, simple, and effective. The ODG does not discuss necessity of ultrasound guidance for this procedure. The documentation does not discuss why ultrasound guidance is a necessity. Additionally, the documentation does not indicate a failure of modalities to the left greater trochanteric bursa prior to recommending an injection. The request for left trochanter bursa injection with ultrasound guidance is not medically necessary.

Combination of land and aquatic therapy 2x6 lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine; Aquatic therapy Page(s): 98-99; 22.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines recommend up to 10 visits for this condition. The guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land based physical therapy where reduced weight bearing is desirable, for example extreme obesity. Aquatic therapy follows the MTUS recommended physical medicine number of treatment visits. The documentation indicates that the patient recently had 4 physical therapy visits without significant functional improvement. Without evidence of functional improvement or improvement in pain levels and also due to the fact that the request exceeds guideline recommendations for the number of visits, the request for combination of land and aquatic therapy 2x6 lumbar spine is not medically necessary.