MAXIMUS Federal Services

Case Number:	CM15-0102406		
Date Assigned:	07/17/2015	Date of Injury:	06/09/2014
Decision Date:	08/12/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/28/2015

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: California, Indiana, Oregon
Certification(s)/Specialty: Orthopedic Surgery

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 40-year-old female, who sustained an industrial injury on 6/9/2014. She reported falling onto her right side. Diagnoses have included right hip trochanteric bursitis and pain of right sacroiliac joint. Treatment to date has included physical therapy, right shoulder surgery and medication. According to the progress report dated 4/20/2015, the injured worker complained of right shoulder, right hip and low back pain. The injured worker was being seen for a pre-operative history and physical for right hip sacroiliac joint injection and right hip arthroscopic trochanteric bursectomy-IT band release. Physical exam revealed right hip-point tender at trochanter. The physical exam from 4/14/2015 revealed that lumbar range of motion was restricted by pain in all directions. Lumbar discogenic provocative maneuvers, including pelvic rock and sustained hip flexion were positive bilaterally. Straight leg raise was positive on the right. Authorization was requested for right hip trochanteric bursitis, compare to open surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right hip trochanteric bursitis, compare to open surgery: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hip and Other Medical Treatment Guidelines Williams, Bryan S., and Steven P. Cohen. "Greater trochanteric pain syndrome: a review of anatomy, diagnosis and treatment." Anesthesia & Analgesia 108.5 (2009): 1662-1670.

Decision rationale: CA MTUS/ACOEM is silent on the issue of hip arthroscopy. Per the ODG Hip and Pelvis, Arthroscopy, "recommended when the mechanism of injury and physical examination findings strongly suggest the presence of a surgical lesion." In this case, the request is for a busectomy and IT band release. There is no evidence of a comprehensive non-surgical treatment program of medications, multiple injections and home exercise program. Based on this, the request is not medically necessary.