

Case Number:	CM15-0105112		
Date Assigned:	06/09/2015	Date of Injury:	11/19/1997
Decision Date:	07/10/2015	UR Denial Date:	05/02/2015
Priority:	Standard	Application Received:	06/01/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 77 year old male, who sustained an industrial injury on 11/19/97. He reported pain in the right hip. The injured worker was diagnosed as having bursitis of the hip. Treatment to date has included a right total hip arthroscopy, a right hip bursa injection on 12/9/14 and oral and topical medications. As of the PR2 dated 3/13/15, the injured worker reports pain in the right hip that is worse with pressure. Objective findings include an antalgic gait and tenderness to palpation in the right trochanteric bursa. The treating physician requested a right hip bursa cortisone injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right hip bursa cortisone injection: 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), Hip and Pelvis Chapter, trochanteric bursitis injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Chapter- Hip, Trochanteric Bursitis Injections, pages 268-269.

Decision rationale: ODG does recommend hip injections as a treatment option with short-term relief for diagnosis of trochanteric bursitis, and not recommended for hip osteoarthritis and is considered under study for moderately advanced hip OA. Besides exhibiting tenderness, submitted reports have not adequately demonstrated clear specific symptoms, clinical pathology, and failure of conservative treatment such as NSAIDs and therapy to support for repeating the injection without demonstrated functional improvement not meeting guidelines criteria. There are no specific identified pain relief, functional improvements in terms of increased ADLs, decreased medication dosage, or decreased medical utilization for independent care towards a functional restoration approach from recent previous bursa injection on 12/9/14, 3 months prior to request for repeat. The Right hip bursa cortisone injection is not medically necessary or appropriate.