

Case Number:	CM15-0015013		
Date Assigned:	02/03/2015	Date of Injury:	10/07/2007
Decision Date:	05/06/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/27/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56-year-old female who reported an injury on 10/07/2007. The mechanism of injury was not provided. The medications were not provided. The surgical history was not provided. Other therapies included 32 sessions of physical therapy and 4 chiropractic sessions. The documentation of 11/11/2014 revealed the injured worker had complaints of bilateral hip pain. The objective findings related to the hips were not provided. The treatment plan included bilateral hip greater trochanteric injections for greater trochanteric bursitis x2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Greater trochanteric injection of the bilateral hips x2: 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 & Pelvis, Trochanteric bursitis injections.

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 Chapter, Trochanteric bursitis injections.

Decision rationale: The Official Disability Guidelines indicate that greater trochanteric bursitis injections are recommended. However, there was a lack of documentation of objective findings of trochanteric bursitis. There was a lack of documentation indicating a necessity for two injections without re-evaluation status post 1 injection. Given the above and the lack of documentation, the request for greater trochanteric injection of the bilateral hips x2 is not medically necessary.