

Case Number:	CM15-0182256		
Date Assigned:	09/23/2015	Date of Injury:	02/25/1997
Decision Date:	10/27/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/16/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 59 year old female who sustained an industrial injury on February 25, 1997. Recent primary follow up dated August 28, 2015 reported subjective complaint of "she has been having significant pain in the right hip at the greater trochanter" and attributes this to the increase in weight bearing favored on the right leg more so the left given her ongoing left knee pain." "She continues to have ongoing pain in the lower back, slight worse on the right that frequently radiates form the right lower extremity into the right hip." A recent pain follow up visit dated August 19, 2015, reported subjective complaint of "difficulty ambulating due to severe left knee pain and compensatory right knee pain." She requires bilateral crutches to get around, but she "has been having increasing pain in both shoulders and wrists with the use of these devices." She states, "Her primary care doctor is considering ordering her an electric chair." She continues to have "ongoing pain in the lower back, slight worse on the right" that "frequently radiates from the right lower extremity into the right hip." She does report "some pain in the upper back as well as into the shoulder blades secondary to her use of bilateral forearm crutches." Current medications consisted of Piroxicam, Ranitidine, Flexeril, Relafen, Tramadol, and Voltaren gel. The following diagnoses were applied to this visit: plantar fascial fibromatosis; pain in joint lower leg; pain in joint ankle foot; and carpal tunnel syndrome. Subjective complaint at follow up dated August 05, 2015, reported she "continues to have severe left knee pain and some right knee pain." Her "left knee continues to buckle." There is note stating "she was told that she may have right sacroiliac pain and continues to have pain in the lower back, right hip and right anterior thigh." "She continues to use Voltaren gel with benefit." She has been using Nabumetone and Flexeril as needed, which provides mild benefit. A

doctors' first report of illness dated July 01, 2015 reported subjective complaint of "continues to have ongoing pain diffusely and has ongoing low back pain that is nonindustrial in nature." "She has right hip pain and was diagnosed with right hip osteoarthritis" and "this pain radiates into the anterior aspect of the groin and anterior thigh." On September 02, 2015, a request was made for services of a right hip greater trochanter injection. On September 8, 2015, Utilization Review non-certified the request because, per the guidelines, a greater trochanter bursa injection is recommended when there is a treating diagnosis involving the greater trochanter along with adequate documentation of pain levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Hip/Greater Trochanteric Bursa Injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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 CA MTUS is relatively silent concerning trochanteric bursitis injections; however, the cited ODG recommends corticosteroid injections since they are safe, highly effective, and provide satisfactory pain relief with a single injection. Trochanteric bursitis is the second leading cause of hip pain in adults, and a steroid-anesthetic single injection can provide rapid and prolonged relief. In particular, ODG noted that in older adults, corticosteroid injection should be considered as first-line treatment of trochanteric bursitis due to safety, simplicity, and effectiveness. The most recent treating provider's notes from September 25, 2015, state that the injured worker has had persistent right hip pain rated 8/10, with radiation into the anterior groin and thigh. Tenderness to palpation is noted over the right greater trochanteric bursa. Based on the cited guidelines and medical history, the request for right hip/greater trochanteric bursa injection is medically necessary and appropriate.