

Case Number:	CM15-0198033		
Date Assigned:	10/13/2015	Date of Injury:	04/17/2015
Decision Date:	11/20/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/08/2015

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: Arizona, California

Certification(s)/Specialty: 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:

This injured worker is a 50 year old male, who sustained an industrial injury on 04-17-2015. The injured worker was diagnosed as having right hip - Iliofemoral (ligament) sprain. On medical records dated 09-02-2015, the subjective complaints were noted as right hip pain increased with squat- bending. Pain level was noted at 6-7 out of 10. Pain was described as moderate, severe, frequent and soreness. Objective findings were hand written notes that were difficult to decipher, noted as right hip, in pain over greater trochanter region with Faber was noted. Treatments to date included medication and home exercise program. The injured worker was noted to be temporarily totally disabled for 6 weeks. Current medications were listed as Neurontin, Fexmid, Sonata, Anaprox and Norco. The Utilization Review (UR) was dated 09-22- 2015. A Request for Authorization was date 09-02-2015 for right hip GT injection under ultrasound guidance was submitted. The UR submitted for this medical review indicated that the request for Right hip GT injection under ultrasound guidance was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right hip GT injection under ultrasound guidance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Trochanteric Bursa Injection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hip chapter and pg 20.

Decision rationale: According to the guidelines, hip injections are indicated under guidance for bursitis. The claimant does have a hip strain and history of bursitis. The request for a hip injection under ultrasound is medically necessary.