

Case Number:	CM15-0214097		
Date Assigned:	11/03/2015	Date of Injury:	02/28/2015
Decision Date:	12/16/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/30/2015

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: Massachusetts

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 50 year old female injured worker suffered an industrial injury on 2-28-2015. The diagnoses included right hip strain-sprain trochanteric bursitis. On 9-18-2015 the provider reported pain in the lower back, right hip and right knee that was rated 8 out of 10 which was decreased from last visit rated as 8 to 9 out of 10. On exam the right hip was 2+ tender. Medication in use was topical medications and Tramadol orally. Prior treatments included physical therapy. The medical record did not include imaging of the right hip. Request for Authorization date was 9-18-2015. Utilization Review on 10-16-2015 determined non-certification for extracorporeal shockwave therapy to the right hip 1 x 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy to the right hip 1 x 4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pubmed: Efficacy of treatment of Trochanteric bursitis: a systematic review by David P Lustenberger, BS, Vincent Y Ng, MD, Thomas M Best, MD, PhD and Thomas J Ellis MDClin J Sport Med 2011 Sep 21(5): 447-453.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Elbow (Acute & Chronic), Extracorporeal shockwave therapy (ESWT) (2) Shoulder (Acute & Chronic), Extracorporeal shock wave therapy (ESWT) (3) Ankle & Foot (Acute & Chronic), Extracorporeal shock wave therapy (ESWT) (4) Knee & Leg (Acute & Chronic), Extracorporeal shock wave therapy (ESWT) (5) Hip & Pelvis (Acute & Chronic), Trochanteric bursitis injections.

Decision rationale: The claimant sustained a work injury in February 2015 when she lost her balance and fell, landing on her right knee and right side of her body. Treatments have included physical therapy, medications, and a lumbar epidural steroid injection. Then seen in October 2015, complaints included low back and right hip and knee pain rated at 8-9/10 and right shoulder pain rated at 5/10. Physical examination findings included right hip tenderness that was unchanged. Diagnoses included greater trochanteric bursitis. Shockwave treatments were requested for the right hip. Extracorporeal shockwave therapy (ESWT) can be recommended for lateral epicondylitis, calcific tendinitis of the shoulder, and plantar fasciitis and is under study for patellar tendinopathy and for long-bone hypertrophic non-unions. In this case, it is being requested for trochanteric bursitis. A greater trochanteric bursa injection would be a recommended treatment. The request is not medically necessary.