

Case Number:	CM15-0224610		
Date Assigned:	11/23/2015	Date of Injury:	01/20/2014
Decision Date:	12/31/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/16/2015

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, Massachusetts

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

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 55 year old female, who sustained an industrial injury on 1-20-2014. The injured worker was being treated for left trochanteric bursitis. The injured worker (8-12-2015 and 9-30-2015) reported ongoing neck, shoulder, and back pain, but she did not report any left hip symptoms. The treating physician (8-12-2015) noted that there were no significant change in the objective findings. The physical exam (9-30-2015) included assessments of the left shoulder and lumbar spine, did not include an assessment of the left hip. The injured worker (9-30-2015) reported left hip pain. The medical records show the subjective pain ratings of 10 out of 10 without pain medication and 7 out of 10 with pain medication on 9-30-2015. The physical exam (9-30-2015) revealed significant pain to palpation over the left hip greater trochanter. Diagnostic studies of the left hip were not included in the provided medical records. Treatment has included work modifications and medications including pain, muscle relaxant, and non-steroidal anti-inflammatory. Per the treating physician (9-30-2015 report), the injured worker's work status was modified, which included she was unable to use the left arm and no lifting, pushing, or pulling greater than 10-15 pounds. No bending, stooping, prolonged sitting, or standing. No driving. The requested treatments included a left trochanteric bursa steroid injection. On 10-16-2015, the original utilization review non-certified a request for a left trochanteric bursa steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left trochanteric bursa steroid injection: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis (updated 09/24/15) - Online Version: 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 and Pelvis-trochanteric injections.

Decision rationale: Based on the provided clinical information, the injured worker has symptoms and physical exam findings consistent with trochanteric bursitis. According to cited guidelines, bursa steroid injection is recommended. The guidelines stated, "steroids injection should be offered as first line treatment of trochanteric bursitis." There are no contraindications to the steroid injection noted in the clinic record and there is substantial evidence supporting the diagnosis even without specific imaging studies of the left hip. Consequently, the requested injection is medically necessary at this time.