

<b>Case Number:</b>	CM15-0037708		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	05/14/2010
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 49 year old female, who sustained an industrial injury on 05/14/2010. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having left ankle instability and right quadriceps rupture. Treatment to date has included physical therapy, medication regimen, and use of a knee brace. In a progress note dated 01/16/2015 the treating provider reports complaints of knee pain and right hip pain from a change in gait. The treating physician also noted the injured worker to be positive for painful active range of motion and crepitation. The treating physician requested a cortisone injection to the right hip but the documentation provided did not indicate the specific reason for the requested treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right hip cortisone injection:** 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); Official Disability Guidelines (ODG-TWC), Hip chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Hip and Pelvis Chapter regarding Trochanteric Bursitis Injections.

**Decision rationale:** Based on the 01/18/15 sole progress report provided by treating physician, the patient presents with hip pain from change in gait and continued knee pain. The request is for RIGHT HIP CORTISONE INJECTION. RFA not provided. Patient's diagnosis on 01/18/15 included right quad rupture and left ankle instability. Patient wears a knee brace. Physical examination on 01/18/15 revealed painful active range of motion and crepitation. Patient's medication includes Duexis and Ultram. Patient continues with pain to the knee after completing physical therapy. ODG Guidelines, under the Hip and Pelvis Chapter regarding Trochanteric Bursitis Injections, state: "Recommended. Gluteus medius tendinosis/tears and trochanteric bursitis/pain are symptoms that are often related, and commonly correspond with shoulder tendinosis and subacromial bursitis, though there is no evidence of a direct correlation between the hip and shoulder. All of these disorders are associated with hip pain and morbidity." Sole progress report provided was hand written and included limited documentation. Treater requests cortisone injection to the LEFT hip, per progress report dated 01/18/15. The request is for the RIGHT hip. Treater has not provided reason for the request. Physical examination findings do not address the RIGHT hip, to substantiate need for cortisone injection to RIGHT hip. Furthermore, there is no discussion pertaining to gluteus medius tendinosis/tears and trochanteric bursitis/pain for which the hip injection would be indicated per guidelines. Therefore, the request IS NOT medically necessary.