

Case Number:	CM15-0038410		
Date Assigned:	03/09/2015	Date of Injury:	04/22/2014
Decision Date:	04/13/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/02/2015

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 40 year old female, who sustained an industrial injury on April 22, 2014. The diagnoses have included lumbar microdiscectomy and left hip gluteus tendinitis greater trochanteric bursitis. A progress note dated January 21, 2015 provided the injured worker complains of left hip pain. Physical exam notes tenderness of effected area with negative sacroiliac joint stress test and painful range of motion (ROM) of flexion 50 degrees and extension 20 degrees. Plan is for medication, physical therapy, Transcutaneous Electrical Nerve Stimulation (TENS) unit and steroid injection to left hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 2 left hip corticosteroid injections under ultrasound guidance between 2/10/15 and 3/27/15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Chapter- Hip, Trochanteric Bursitis Injections, pages 268-269.

Decision rationale: ODG does recommend hip injections as a treatment option with short-term relief for diagnosis of trochanteric bursitis, and not recommended for hip osteoarthritis and is considered under study for moderately advanced hip OA. Besides exhibiting tenderness and painful range, submitted reports have not adequately demonstrated clear specific symptoms, clinical pathology, and failure of conservative treatment such as NSAIDs and therapy to support for the injection not meeting guidelines criteria. The Prospective request for 2 left hip corticosteroid injections under ultrasound guidance between 2/10/15 and 3/27/15 is not medically necessary and appropriate.