

Case Number:	CM15-0052028		
Date Assigned:	03/25/2015	Date of Injury:	07/18/2005
Decision Date:	05/15/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/19/2015

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:

The injured worker is a 50 year old, female who sustained a work related injury on 7/18/05. The diagnoses have included status post left shoulder surgery x 5 and left hip sprain/strain with trochanteric bursitis. The treatments have included x-rays, MRIs, physical therapy, medications, pain patches and topical medicated creams. In the Orthopedic Consultation Report dated 2/18/15, the injured worker complains of left shoulder, low back, left hip and left thigh pain. The treatment plan is a request for authorization for left hip injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound Guided Corticosteroid Injection to The Left Hip Trochanteric Bursa:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- hip chapter and pg 19, 32.

Decision rationale: According to the guidelines, hip injections are not recommended in early arthritis. It is recommended as an option for short-term pain relief in hip trochanteric bursitis. In this case, the claimant did have exam findings consistent with trochanteris bursitis. According to the guidelines, hip injections are not recommended in early arthritis. It is recommended as an option for short-term pain relief in hip trochanteric bursitis. Indications for ultrasound-guided hip injections: To control inflammation and pain; Time to produce effect: 6 to 15 treatments; Frequency: 3 times per week; Optimum duration: 4 to 8 weeks; Maximum duration: 2 months. In this case, the claimant did have exam findings consistent with trochanteris bursitis. The request for Ultrasound Guided Corticosteroid Injection to The Left Hip Trochanteric Bursa is appropriate and medically necessary.

Left Hip Intra-Articular Steroid Injection under Fluoroscopic Guidance: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- hip chapter and pg 19.

Decision rationale: According to the guidelines, hip injections are not recommended in early arthritis. It is recommended as an option for short-term pain relief in hip trochanteric bursitis. In this case, the claimant did have exam findings consistent with trochanteris bursitis. Fluoroscopically guided steroid injection may be effective. The request for Left Hip Intra-Articular Steroid Injection under Fluoroscopic Guidance is medically necessary.