

<b>Case Number:</b>	CM15-0053708		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	10/11/2012
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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, Texas  
 Certification(s)/Specialty: Internal 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 34 year old female, who sustained an industrial injury on 10/11/2012. Treatment to date has included x-rays, MRI, and surgery of the left hip on 04/29/2014, physical therapy and corticosteroid injections. According to a progress report dated 11/13/2014, the injured worker continued to struggle with left hip soft tissue pain posteriorly and laterally. The provider noted that he would proceed with two injections to the bursa and the ischium and that the bursa would be done that day. She underwent a hip bursa cortisone injection. Impression was noted as left hip bursitis, piriformis syndrome and ischial bursitis and status post hip arthroplasty. The injured worker was temporarily totally disabled until 01/15/2015. According to an office visit on 12/15/2014, the injured worker continued to struggle with left hip soft tissue pain mainly posterior. The lateral hip pain had largely resolved since the last visit when she received a bursa injection. During this office visit the injured worker received an ischial bursa cortisone injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: office injection left hip ischial bursa with kenalog 40mg, toradol 30mg, lidocaine; ultrasound guidance (date of service 12/15/14): Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Skeletal Radiol.2004 Jul; 33(7); 413-6; Skeletal Radiol. 2002 Nov; 31(11); 631-6Kim SM et.al.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate.com-Bursitis.

**Decision rationale:** The MTUS is silent regarding the treatment of bursitis. According to Uptodate.com regarding the treatment of hip related bursitis: The goals of treatment are to reduce inflammation in the bursa, correct any underlying gait disturbance, and prevent recurrent bursitis by proper hip and back stretching exercises. Heat treatments and passive stretching exercises are used in the first few weeks to reduce the pressure over the bursal sac. "Patients with symptoms persisting for six to eight weeks despite the above measures should be reevaluated for an underlying cause. A standing anterior to posterior (AP) pelvis film should be obtained, if not performed already, to evaluate for leg length discrepancy. In patients with persistent symptoms and in the absence of an underlying correctable cause of bursitis, local injection of the bursa may be of benefit. Injection aftercare is critical to the success of glucocorticoid injections and includes rest, icing, avoidance of strain or injury, and stretching. The injection may be repeated in six weeks if pain persists. (See 'Persistent symptoms' above and 'Injection' above and 'Injection aftercare' above.) " Patients with persistent symptoms may benefit from a more thorough search for or treatment of an underlying gait disturbance if not already done. Deep ultrasound or a transcutaneous electrical nerve stimulation (TENS) unit can also be helpful in some instances. Surgery is rarely performed for this condition. In this case the patient has had ongoing hip pain with previous treatments including anti-inflammatory medication, surgical correction of the labrum and physical therapy. The Office visit 12/14 the patient continued to have pain despite conservative treatment. The use of glucocorticoid injection into the bursa is medically necessary and appropriate.