

Case Number:	CM15-0060898		
Date Assigned:	04/07/2015	Date of Injury:	03/13/2008
Decision Date:	05/06/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/31/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 56 year old male, who sustained an industrial injury on 03/13/2008. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, injections, x-rays, MRIs, electrodiagnostic testing, ultrasound, and conservative therapies. Currently, the injured worker complains of right knee pain with a severity rating of 6/10, and left hip/low back pain with a severity rating of 9/10. The injured worker reported that right knee pain was improved since the intra-articular injection on 12/31/2014. The diagnoses include entrapment neuropathy of the left limb, edema, venous insufficiency, hip bursitis, pain in joint of lower limb, and knee pain. The treatment plan consisted of left hip bursa injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bursa injection to the left hip: 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), Hip and Pelvis Chapter, 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 bursitis injections.

Decision rationale: Bursa injection to the left hip is not medically necessary per the ODG. The ODG states that trochanteric bursitis injections are recommended for trochanteric pain, corticosteroid injection is safe and highly effective, with a single corticosteroid injection often providing satisfactory pain relief. The documentation indicates that the patient had a left hip bursa injection on 11/24/14. The PR-2 note on 12/22/14 stated that the patient's hip and knee pain were worsening and the patient is finding it difficult to stand and walk due to pain. The 2/12/15 PR-2 progress note states that PT reports worsening left hip pain. The patient's activity level has remained the same. The progress note dated 2/12/15 states that the "PT did not significant improvement in hip pain status post last injection which provided 50% relief for over 3 months." The documentation is conflicting on the efficacy of prior bursa injection. The follow up progress reports do not indicate evidence of improved hip pain or improved activity level. The request for left hip bursa injection is not medically necessary.