Case Number:	CM15-0086644		
Date Assigned:	05/08/2015	Date of Injury:	11/19/2012
Decision Date:	06/12/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/05/2015

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 male, who sustained an industrial injury on November 19, 2012. He reported right hip pain radiating to the right buttock. The injured worker was diagnosed as having hip pain. Treatment to date has included diagnostic studies, multiple steroid injections to the hip, physical therapy, medications and work restrictions. Currently, the injured worker complains of continued right hip and right buttock pain. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. It was noted he failed multiple conservative therapies and may require debridement of the bursa or scar tissue. Evaluation on February 19, 2015, revealed continued pain as noted. A recent bone scan of the low back revealed inflammation. Pre-operative laboratory studies, pre-operative electrocardiogram and a fluoroscopic guided right abductor and greater trochanter bursa injection was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 fluroscopic guided right abductor and greater trochanter bursa injection: Overturned

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 & Pelvis.

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

Decision rationale: According to the guidelines, trochanteric injections are recommended for trochanteris and gluteal related tendinosis pain. Single injection usually provided 2-5 yr pain free interval. In this case, the claimant had significant relief from a prior injection in 2012. The claimant had persistent bursitis in 2/19/15. The request for the bursa injection above is appropriate and medically necessary.

Preop labs (CBC, UA, COMP panel): 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) Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pre-op Labs ODG pg 76 and AAFP see below: Preoperative Testing Before Non-cardiac Surgery: Guidelines and Recommendations MOLLY A. FEELY, MD; C. SCOTT COLLINS, MD; PAUL R. DANIELS, MD; ESAYAS B. KEBEDE, MD; AMINAH JATOI, MD; and KAREN F. MAUCK, MD, MSc, Mayo Clinic, Rochester, Minnesota, Am Fam Physician. 2013 Mar 15;87(6):414-418.

Decision rationale: The MTUS and ACOEM guidelines do not comment on pre-operative labs. According to the ODG guidelines, Preoperative additional tests are excessively ordered, even for young patients with low surgical risk, with little or no interference in perioperative management. Laboratory tests, besides generating high and unnecessary costs, are not good standardized screening instruments for diseases. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach (i.e., new tests ordered, referral to a specialist or surgery postponement). Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. According to the American Academy of Family Physicians, pre-op labs are recommended for high-risk surgeries in high-risk patients. The claimant underwent prior surgeries without abnormal labs or outcomes. Bursal injections are commonly done without labs and are considered low-risk procedures. The request for pre-operative labs is not medically necessary.

Preop EKG: 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) Lumbar & Thoracic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Circulation 2001 Pg 418-500 and table 2- Based on AHA guidelines. Preoperative Testing Before Non-cardiac Surgery: Guidelines and Recommendations MOLLY A. FEELY, MD; C. SCOTT COLLINS, MD; PAUL R. DANIELS, MD; ESAYAS B. KEBEDE, March 15, 2013, Volume 87, Number 6 AAFP.

Decision rationale: According to the reference literature an EKG is not necessary for low risk-non-cardiac procedures in low risk patients. In this case, the claimant had undergone numerous other prior interventions. There was no mention of cardiac risk. The bursal injections are low risk and an EKG is not medically necessary.