

Case Number:	CM14-0143531		
Date Assigned:	09/10/2014	Date of Injury:	10/25/2012
Decision Date:	10/31/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/04/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

There were 186 pages provided for this review. The application for independent medical review was signed on September 4, 2014. It was for right hip injection, right hip bursa injection with [REDACTED]. There was a utilization peer review from August 27, 2014. Per the records provided, the claimant is a male who has bilateral shoulder region arthralgia, recurrent myofascial strain, chronic right hip region arthralgia, chronic lumbar backache and recurrent myofascial strain. There is painful restricted lumbar range of motion. There is no reflex, sensory or motor deficits. Examination of the right hip showed tenderness with full range of motion. The provider was seeking a right hip joint injection. It is noted that the claimant had a full range of hip movements with minimal tenderness upon internal rotation. There were no clinical features of greater trochanteric bursitis on examination. Further, no radiographic investigation such as MRI or plain films confirmed the presence of significant osteoarthritis. Conservative therapy has been effective. There were no indications noted for injection therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Hip Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Web "Hip, Pelvis"

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

Decision rationale: Injections of corticosteroids or local anesthetics or both should be reserved for patients who do not improve with more conservative therapies. Steroids can weaken tissues and predispose to reinjure. Local anesthetics can mask symptoms and inhibit long-term solutions to the patient's problem. Both corticosteroids and local anesthetics have risks associated with intramuscular or intra-articular administration, including infection and unintended damage to neurovascular structures. It is noted that the claimant had a full range of hip movements with minimal tenderness upon internal rotation. There were no clinical features of greater trochanteric bursitis on examination. Further, no radiographic investigation such as MRI or plain films confirmed the presence of significant osteoarthritis. Conservative therapy has been effective. There were no indications noted for injection therapy. Therefore the request is not medically necessary.

Right Hip Bursa Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Web "Hip, Pelvis" - Trochanteric Bursitis Injections

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

Decision rationale: As shared previously, injections of corticosteroids or local anesthetics or both should be reserved for patients who do not improve with more conservative therapies. Steroids can weaken tissues and predispose to reinjure. Local anesthetics can mask symptoms and inhibit long-term solutions to the patient's problem. Both corticosteroids and local anesthetics have risks associated with intramuscular or intra-articular administration, including infection and unintended damage to neurovascular structures. It is again noted that the claimant had a full range of hip movements with minimal tenderness upon internal rotation. There were no clinical features of greater trochanteric bursitis on examination. Further, no radiographic investigation such as MRI or plain films confirmed the presence of significant osteoarthritis. Conservative therapy has been effective. There were no indications noted for injection therapy. Therefore the request is not medically necessary.