

<b>Case Number:</b>	CM14-0200876		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	03/03/2008
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 March 3, 2008. His diagnoses include right hip bursitis pain. He has been treated with a right hip injection, home exercise program, and pain, anti-epilepsy, muscle relaxant, and non-steroidal anti-inflammatory medications. On November 4, 2014, his treating physician reports chronic right hip pain. He had a right hip injection 5 months prior which provided good improvement of his pain. The injection has worn off and the pain returned. His pains rated 5/10. His medications continue to improve his pain and function. The physical exam revealed mildly decreased range of motion of the right hip, moderate tenderness of the greater trochanter, and no crepitus. The treatment plan includes right hip bursal injection series of 3. On November 13, 2014 Utilization Review non-certified a request for right hip bursal injection series of 3, noting the lack of evidence of persistent tenderness over the bursa with sever restriction of range of movement affecting functionality and activities of daily living. The Official Disability Guidelines (ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right Hip Bursal Injection - Series of 3: 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) Web 2014, Hip, Pelvis, 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 Hip and Pelvis Chapter regarding Trochanteric Bursitis Injections.

**Decision rationale:** The patient was injured on 03/03/08 and presents with low back pain and right hip pain. The request is for a Right Hip Bursal Injection- Series of 3. The RFA is dated 11/07/14 and the patient is on total temporary disability. The patient has mildly decreased range of motion of the right hip, moderate tenderness of the greater trochanter, and no crepitus. ODG Guidelines, under the Hip and Pelvis Chapter regarding Trochanteric Bursitis Injections, state: Recommended. Gluteus medius tendinosis/tears and trochanteric bursitis/pain are symptoms that are often related, and commonly correspond with shoulder tendinoses and subacromial bursitis, though there is no evidence of a direct correlation between the hip and shoulder. All of these disorders are associated with hip pain and morbidity. The 05/01/14 report states that the patient's relief from his last hip injection is wearing off and he was approved for treatment for further injection including potential orthovisc or steroid injection. The 06/26/14 report states that the patient benefitted from his last hip injection. The 11/04/14 report states that the patient had a right hip injection 5 months ago with good improvement but the injection wore off and the pain is back. The dates of these injections are not provided. The 11/04/14 report continues to state that the patient's right hip pain has returned after 3 months good relief from the last steroid injection he needs to reduce steroid injections to reduce risk of AVN. We therefore request authorization for a series of 3 alternative injection therapy with non-steroidal traumeel which is FDA approved for joint inflammatory pain. Review of the reports provided indicates that the patient has already had several injections to the hip with improvement. However, there is no discussion provided regarding why the patient needs a series of 3 injections. The requested right hip bursal injection IS NOT medically necessary.