

Case Number:	CM15-0112823		
Date Assigned:	06/19/2015	Date of Injury:	12/15/2011
Decision Date:	07/21/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/11/2015

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: California
Certification(s)/Specialty: Emergency 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 42 year old female, who sustained an industrial injury on December 15, 2011. The injured worker reported slip and fall. The injured worker was diagnosed as having chondromalacia, greater trochanteric burs and sacroiliac sprain. Several documents within the submitted medical records are difficult to decipher. Treatment to date has included epidural steroid injection, chiropractic therapy and medication. A progress note dated May 11, 2015 provides the injured worker complains of right hip pain rated 6/10 without medication and 4/10 with medication. Physical exam notes right hip tenderness and positive Faber's sign. She ambulates with and antalgic gait. The plan includes Neurontin, lab work and injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right CT injection under ultrasound guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis, Acute & Chronic; Trochanteric bursitis injections.

Decision rationale: The requested Right CT injection under ultrasound guidance, is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Hip & Pelvis, Acute & Chronic; Trochanteric bursitis injections, NOTE 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. The injured worker has right hip pain rated 6/10 without medication and 4/10 with medication. Physical exam notes right hip tenderness and positive Faber's sign. She ambulates with an antalgic gait. The treating physician has documented chondromalacia on a hip imaging study, but not evidence of osteoarthritis nor the medical necessity for ultrasound guidance. The criteria noted above not having been met, Right CT injection under ultrasound guidance is not medically necessary.