

Case Number:	CM15-0178032		
Date Assigned:	09/18/2015	Date of Injury:	07/16/2012
Decision Date:	10/21/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/10/2015

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: North Carolina
 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 26 year old female, who sustained an industrial injury on 7-16-2012. She reported developing pin in the right lower extremity and knee from prolonged walking. Diagnoses include right knee pain and right greater trochanteric bursitis. Treatments to date include activity modification, medication therapy, and physical therapy. Currently, she complained of pain in the hip with radiation down into the knee. On 8-11-15, the physical examination documented pain over the greater trochanteric bursitis with no pain with range of motion in the hip. The provider documented concern for right hip bursitis. The plan of care included diagnostic and therapeutic cortisone injection to the right hip. The appeal requested authorization of a cortisone injection of the right hip. The Utilization Review dated 8-20-15, denied the request stating, "the records did not include hip w-rays or MRI and therefore is not medically necessary" per Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection of the right hip x1: 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 (update 08/17/15) 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) greater trochanter bursitis.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states that a cortisone injection for greater trochanter bursitis is a first line treatment option. The patient has this diagnosis and physical findings on exam compatible with the diagnosis. Therefore, the request is medically necessary.