

<b>Case Number:</b>	CM15-0038640		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	04/06/2013
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: 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 54-year-old male who sustained a work related injury on April 6, 2013, incurred right hip, groin, right knee and ankle injuries secondary to his employment as a traffic officer. Treatment included physical therapy, pain medications and Cortisone injections. He was diagnosed with right hip sprain and bursitis with acetabular impingement and labral tear, right knee sprain with patellofemoral arthralgia and a right ankle sprain. Currently, in January 2015, the injured worker complained of constant pain in the low back and left buttock with pain radiating down into the left leg, knee and foot. On February 13, 2015, a request for one in office trochanteric bursa injection under ultrasound guidance was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Guidelines Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**In-office trochanteric bursa injection under ultrasound guidance:** 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 (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Hip & Pelvis chapter, Intra-articular steroid hip injection (IASHI).

**Decision rationale:** This patient has a date of injury of 04/06/03 and present with right hip, groin to the lateral side of the buttock and right knee pain. Request for Authorization is dated 07/09/14. The current request is for IN-OFFICE TROCHANTERIC BURSA INJECTION UNDER ULTRASOUND GUIDANCE. The ODG Guidelines has the following regarding Intra-articular steroid hip injection (IASHI) under the Hip & Pelvis chapter. Not recommended in early hip osteoarthritis (OA). Under study for moderately advanced or severe hip OA, but if used, should be in conjunction with fluoroscopic guidance. Recommended as an option for short-term pain relief in hip trochanteric bursitis. There is no documentation of prior hip injection found in the records reviewed. Examination revealed tenderness to palpation in the groin and greater trochanteric. In this case, the patient has chronic right hip pain and has been diagnosed with trochanteric bursitis. The ODG guidelines recommend this injection as an option and the current request IS medically necessary.