

<b>Case Number:</b>	CM15-0039921		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	03/13/1997
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 56-year-old female, who sustained an industrial injury on March 13, 1997. The injured worker was diagnosed as having pelvic region arthropathy and lumbago. Treatment to date has included physical therapy, medication, injections and diagnostics. Currently, the injured worker complains of a flare of hip pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bursa/joint/tendon injection of left hip-Trochanteric:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and pelvis section, Injection trochanteric bursae.

**Decision rationale:** Pursuant to the Official Disability Guidelines, bursa/joint/tendon injection left hip-trochanteric is not medically necessary. Trochanteric bursitis injections are recommended.

For trochanteric pain, corticosteroid injections are safe and highly effective with a single corticosteroid injection often providing satisfactory relief. The guidelines do not recommend intra-articular steroid injections (IASI) in early hip osteoarthritis. Arthrocentesis is not discussed in the MTUS and ODG. IASI is recommended as an option for short-term pain relief in hip trochanteric bursitis. Intra-articular steroid injections with or without elimination of weight-bearing does not reduce the need for total hip arthroplasty in patients with rapidly destructive hip osteoarthritis. See the guidelines for additional details. In this case, the injured worker's working diagnoses are pain in joints of pelvis region and thigh; arthropathy not otherwise specified of pelvic region and thigh; backache not otherwise specified; and lumbago. There is a single progress note in the medical record dated February 3, 2015. The treating physician states the injured worker received prior injections that were very helpful. There was no clinical documentation as to when the injections were administered. The documentation did not state how many injections nor was there objective functional improvement documented in the record regarding the prior injections. Although corticosteroid injections are safe and highly effective in providing relief, there is insufficient evidence based on the prior injections in the medical record to administer a subsequent injection. Consequently, absent clinical documentation with objective functional improvement of prior injections to the trochanteric bursa (and related area), bursa/joint/tendon injection left hip-trochanteric is not medically necessary.

**Physical Therapy for left hip and low back Qty 8: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back and hip section, physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy to the left hip and low back #8 sessions are not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are pain in joints of pelvis region and thigh; arthropathy not otherwise specified of pelvic region and thigh; backache not otherwise specified; and lumbago. There is a single progress note in the medical record dated February 3, 2015. Documentation in the record (claim documentation) indicates the injured worker received a prior physical therapy sessions in February 2014. There are no physical therapy progress notes. There is no documentation indicating objective functional improvement prior physical therapy. When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record indicating additional physical therapy is clinically indicated. As noted above, there is a single progress note with a minimal amount of clinical information in the record. Consequently, absent clinical documentation (other than a single progress note) with prior physical therapy visits and no evidence of objective functional improvement or physical therapy

progress notes to review, physical therapy to the left hip and low back #8 sessions are not medically necessary.