

Case Number:	CM15-0090955		
Date Assigned:	05/15/2015	Date of Injury:	11/15/2012
Decision Date:	06/16/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/11/2015

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: Arizona, California
 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 59 year old female who sustained an industrial injury on 11/15/12. The injured worker was diagnosed as having left greater trochanter bursitis, status post left knee arthroscopy, medial meniscectomy (12/9/14), left knee medial compartment degenerative joint disease, left ankle sprain, left non-displaced tibial plateau fracture, left hip pain, left sacroiliac joint dysfunction, and left ankle degenerative joint disease with chronic synovitis. Currently, the injured worker was with complaints of discomfort in the left lower extremity, left hip, with radiation to the waist and groin. Previous treatments included medication management, injections, and activity modification. Previous diagnostic studies included radiographic studies and a magnetic resonance imaging. The plan of care was for a steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left hip, trochanteric bursa lidocaine with steroid injection: 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), Hip and Pelvis - Trochanteric bursitis injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG and hip pain - pg 32.

Decision rationale: According to the guidelines, trochanteric injections are recommended for bursitis related symptoms. In this case, the claimant had a labral tear and MRI findings consistent with bursitis. The claimant had persistent 6/10 pain. According to the guidelines, a single injection can provide pain relief for up to 5 years. In this case, the claimant had received previous injections within the past 5 years, indicating short-term relief. The claimant was referred for surgical consultation. The request for a trochanteric injection is not medically necessary.