

<b>Case Number:</b>	CM13-0013984		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/18/2012
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	07/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 55-year-old male with a date of injury listed as 10/18/12. The first report of occupational injury suggests an isolated injury to the left knee. Another record indicates a history of a prior injury and surgery on the left hip for piriformis syndrome. The record is not clear as to whether there was a new injury to the left hip, although records suggest a diagnosis of a hip strain. No specific mechanism of injury or notable physical exam findings were noted within the medical records submitted to correlate with the specific new injury to the left hip or a specific new diagnosis related to that. There is also no indication of an injury to the lower back to cause hip pain or other lower extremity complaints. Chiropractic treatment for the left hip has been requested as well as electrodiagnostic studies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six (6) visits of chiropractic care for the left hip pain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

**Decision rationale:** MTUS guidelines indicate that chiropractic care, including manipulation, has been determined to be ineffective in alleviating lower extremity pain. In this patient's case, the medical records provided for review do not document a specific injury mechanism, abnormal physical exam findings, or clear new diagnosis to warrant chiropractic treatment for the left hip. For these reasons, chiropractic care for the left hip cannot be recommended as medically necessary based on the medical records submitted for review. The request for six (6) visits of chiropractic care for the left hip pain is not medically necessary and appropriate.

**Electromyogram (EMG) of the lower extremities (LE):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**Decision rationale:** MTUS guidelines indicate that electromyogram tests are useful to identify evidence of neurologic dysfunction. However, in this patient's case, the medical records do not indicate either consistent radicular complaints or objective evidence of radiculopathy on examination. Thus, the rationale for the request for electrodiagnostic studies is unclear and the studies, therefore, cannot be recommended as medically necessary based on the clinical information submitted for review. The request for electromyogram (EMG) of the lower extremities (LE) is not medically necessary and appropriate.