

Case Number:	CM13-0018599		
Date Assigned:	01/15/2014	Date of Injury:	06/27/2012
Decision Date:	05/07/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	08/30/2013

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. The expert reviewer is Board Certified in Chiropractor and is licensed to practice in Texas. 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/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 injured worker is a 35-year-old female who reported an injury on 06/27/2012. The mechanism of injury was a slip and fall. The documentation of 06/25/2013 revealed the injured worker had pain in the hip and groin area limiting function and mobility. The pain was rated a 6/10. The examination of the lumbosacral spine revealed with the straight leg raise test in the sitting position the injured worker complained of tightness in the right groin and hip area. Examination of the back revealed lumbosacral paraspinal muscle spasms with tender areas over the right SI joint. It was indicated the injured worker was unable to cross her legs but complained of tightness in the right low back area. The diagnoses included right hip pain and groin pain. The treatment plan included an SI joint injection and 6 sessions of chiropractic treatment in conjunction with the SI joint procedure. The injured worker had undergone 6 chiropractic treatments for the hip and the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 SESSIONS OF CHIROPRACTIC TO THE RIGHT THIGH AND GROIN AREA:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
MANUAL THERAPY Page(s): 58-59.

Decision rationale: California MTUS states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. However, it does not specifically address the hip and thigh. As such, secondary guidelines were sought. Official Disability Guidelines indicate that manipulation for the hip is recommended for up to 10 treatments. The request was made for 6 sessions to be utilized in conjunction with the sacroiliac joint injection. There was a lack of documentation indicating the injured worker was approved for the SI joint injection. It was indicated the injured worker had previously attended 6 sessions of chiropractic therapy. There was a lack of documentation of objective functional benefit received from prior chiropractic therapy. Given the above, the request for 8 sessions of chiropractic to the right thigh and groin area is not medically necessary.