MAXIMUS Federal Services

Case Number:	CM13-0069559		
Date Assigned:	01/03/2014	Date of Injury:	04/14/2011
Decision Date:	07/24/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/23/2013

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 Anesthesia, has a subspecialty in Acupuncture and Pain Medicine 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 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 claimant is a 57-year-old male injured worker with date of injury 4/14/11 with related chronic pain, including radiation of pain from the neck into the left arm, and complaints of third digit tingling. His diagnoses include closed-head injury; moderate-to-severe hip arthritis; and a left C6-C7 disc protrusion with C7 radiculopathy. Imaging studies were not available in the documentation submitted for review. The documentation submitted for review does not state whether physical therapy was utilized. He has been treated with injections and medication management. The date of UR decision was 12/5/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 SESSIONS OF CHIROPRACTIC THERAPY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

Decision rationale: With regard to chiropractic treatment, the MTUS CPMTG states: "Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual

Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion.As the MTUS recommends chiropractic treatment, and the documentation contain no mention that it has been previously attempted, the request is medically necessary. I respectfully disagree with the UR physician's assertion that the nature and scope of prior treatment must be elaborated upon prior to pursuing this treatment.

RIGHT INTRA-ARTICULAR HIP INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper 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 & Pelvis, Intra-articular steroid hip injection.

Decision rationale: The MTUS is silent on the use of intra-articular hip injection.Per ODG TWC with regard to intra-articular steroid hip injection: "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."Per the guidelines, this treatment is not recommended in early hip osteoarthritis, and is under study for moderately advanced or severe hip OA. As the injured worker does not have hip trochanteric bursitis, the request is not medically necessary.