

Case Number:	CM14-0104325		
Date Assigned:	07/30/2014	Date of Injury:	08/01/1996
Decision Date:	12/24/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/07/2014

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 licensed in Chiropractic 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 patient is a 50 year old male who injured his right hip on 1/8/1996. Per the PTP's progress report the patient complains of "right hip pain and to thigh and knee. Pain is localized just inferior to the inguinal canal." The patient has been treated with medications, physiotherapies, physical therapy, active release technique, home exercises and chiropractic care. The diagnoses assigned by the primary treating physician are hip sprain/strain and myofascitis. There are no diagnostic imaging studies in the records provided. There is no EMG/NCV study on record. The PTP is requesting 6 additional retroactive chiropractic treatments including light therapy and active release technique to the right hip beginning 5-12-14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective additional chiropractic treatment including Light therapy and Active Release Technique x6 sessions beginning 05/12/2014.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip Chapter, Manipulation Section Other Medical Treatment Guideline or Medical Evidence: MTUS Definitions Page 1.

Decision rationale: The chiropractic treatment records in the materials submitted for review do not show any evidence of objective functional improvement with the chiropractic treatment rendered in the past. The objective findings of each PR2 report from the treating chiropractor do not list measurable gains and show no changes nor objective improvement per MTUS definitions. ODG Hip Chapter for Recurrences/flare-ups states : "Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months when there is evidence of significant functional limitations on exam that are likely to respond to repeat chiropractic care. "MTUS- Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." The PTP describes some Improvements with treatment but no objective measurements are listed. The MTUS does not recommend light therapy. The 6 chiropractic sessions requested to the hip to include light therapy and active release technique to not be medically necessary and appropriate.