

Case Number:	CM14-0018669		
Date Assigned:	04/18/2014	Date of Injury:	03/10/2008
Decision Date:	07/02/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/13/2014

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 48 year old female who injured her hips on 3/10/2008 while performing her job as a pre-school teacher. Per Primary Treating Physician's Report the patient "still experiencing some pain on bilateral hip and profound weakness to lower extremity." Patient has been treated with medications, aquatherapy, hot/cold therapy, physiotherapies, physical therapy, home exercises and chiropractic care. Patient is status post right hip labral tear repair. Diagnoses assigned by the PTP are bursitis of hip, sacroiliitis, paresthesia hip/thigh and pain hip/thigh. MRI study of the right hip has evidenced "mild degenerative change with some mild joint space narrowing posteriorly and slight cartilaginous thinning." No labral tears were noted in the MRI study. The PTP is requesting 12 chiropractic sessions to the hips.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT, 12 SESSIONS: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) HIP, PELVIS AND THIGH SECTION.

Decision rationale: The Official Disability Guidelines (ODG), Hip and Pelvis Chapter recommend chiropractic care with time to produce effect: Immediate or up to 10 treatments. The patient has had improvement with prior chiropractic care per the records provided. Furthermore, this is a post labral tear repair case. The Post-Surgical Treatment Guidelines recommend a therapy program of 24 visits over 10 weeks. I find that the 12 chiropractic sessions requested to the hips to be medically necessary and appropriate.