

Case Number:	CM14-0032183		
Date Assigned:	06/20/2014	Date of Injury:	05/24/2002
Decision Date:	07/21/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/13/2014

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 Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas and New York. 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 61-year-old male who reported an injury on 05/24/2002 with the mechanism of injury not cited within the documentation provided. In the clinical note dated 01/31/2014, the injured worker complained of worsening right hip pain that affected his gait, thus exacerbating his low back. Prior treatments included diagnostic studies, chiropractic sessions, a right hip replacement, and prescribed medications. The physical examination revealed an antalgic gait favoring his right lower extremity and a decreased range of motion to the right hip. The diagnoses included worsening osteoarthritis of the right hip and need of a double hip replacement, previous history of left total hip replacement, lumbar degenerative disc disease, myofascial pain syndrome of the lumbar paraspinal muscles and rotator muscles of the right hip, and chronic pain syndrome with both sleep and mood disorder. The treatment plans included a request for another 6 sessions of chiropractic therapy. The request for authorization for chiropractic sessions 2 times a week for 3 weeks for the diagnoses of osteoarthritis of the hip, lumbar herniated disc, and lumbar degenerative disc disease was submitted on 02/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic twice a week for three weeks for the right hip and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The California MTUS Guidelines state that chiropractic therapy is widely used in the treatment musculoskeletal pain. The intended goal or effect of chiropractic medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the injured worker'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. The treatment parameters for chiropractic therapy includes 1 to 2 times per week for the first 2 weeks as indicated by the severity of the condition with treatment being continued at 1 treatment per week for the next 6 weeks. The maximum duration is 8 weeks. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain, and improving quality of life. Chiropractic therapy for the low back, the frequency is 6 visits over 2 weeks, with the evidence of objective functional improvement to total up to 18 visits over 6 to 8 weeks. Chiropractic therapy for elective/maintenance care is not medically necessary. In the clinical notes provided for review, it is annotated that the injured worker had previous chiropractic therapies; however, there is a lack of documentation of the progress and efficacy of the prior treatments. There is also lack of documentation of the injured worker participating in a home exercise program or of failed conservative therapies. Therefore, the request for chiropractic treatment twice a week for three weeks for the right hip and lumbar spine is not medically necessary and appropriate.