

Case Number:	CM14-0070680		
Date Assigned:	09/18/2014	Date of Injury:	09/11/2012
Decision Date:	11/25/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/16/2014

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:

According to the available medical records, this is a 65 year old male with chronic left hip pain, date of injury is 09/11/2012. Previous treatments include medications, hip excision and bursectomy, physical therapy, home exercise program, injections, and chiropractic. Progress report dated 04/24/2014 by the treating doctor revealed patient with chief complaint of left hip pain. He did have injections, which gave him about 3 days of relief in March. He was treated with chiropractic care, which only gave him mild relief as well. He denied having any numbness and tingling radiating down the leg. He denied back pain. Physical examination revealed significant tenderness into the anterior groin and hip flexor region, forward flexion to 90 degrees with pain, internal rotation 40 degrees, and external rotation to 50 degrees, all with pain, pain with extension of the hip and doing any type of stretching of the hip flexor, some mild tenderness over the greater trochanter, but most severe pain is into the anterior groin. Assessment include left hip greater trochanteric bursitis, left hip flexor strain, left hip early osteoarthritis. The patient continued to work with modified duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic x6 session: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The claimant presents with ongoing left hip pain despite previous treatments with medications, injections, physical therapy, and chiropractic. The available medical records showed the claimant has had 6 chiropractic visits from 01/22/2014 to 03/07/2014, and additional 6 visits from 03/12/2014 to 05/10/2014. However, the treating doctor reported only mild and temporary relief of his pain, there is no evidences of objective functional improvement. Based on the guidelines cited, the request for additional 6 chiropractic sessions is not medically necessary.