

<b>Case Number:</b>	CM14-0186501		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	03/12/2012
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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, has a subspecialty in Acupuncture 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:

This 35 year old male was injured at work on March 12, 2012. The mechanism of injury is unknown. Diagnoses include bilateral hip pain with left hip impingement labral tear and right hip status post arthroscopy with some dystrophic scar tissue. Computed tomography scan of the pelvis on December 10, 2013 revealed osteoplasty of the inferior superior femoral head/neck and some subchondral fibrocystic degenerative changes present at the posterior acetabular rim. On May 30, 2014, the injured worker underwent a left hip arthroscopy, labral debridement, labral repair, sigmoid osteoplasty and right hip injection under fluoroscopy with cortisone. Notes dated September 8, 2014 state that the injured worker complained of musculoskeletal pain rated 2 on a pain scale of 1-10. The pain was noted to be relieved by ice, massage, medications, rest and stretching. Treatment modalities included medications, trigger point injections, physical therapy and TENS unit. He responded well to a right piniformis injection and the pain was noted to be nearly gone. Range of motion has improved. A request was made for chiropractic therapy - active release for twelve visits in treatment of the right hip. On November 5, 2014, utilization review approved eight visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Therapy active release for twelve visits in treatment of the Right Hip:** Upheld

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

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

**Decision rationale:** The claimant presented with bilateral hip pains. Previous treatments include medication, right hip injection, left hip arthroscopy, TENS unit, and physical therapy. A trial of 6 chiropractic therapy over 2 weeks might be recommended by MTUS guidelines, with evidences of objective functional improvements, totaled up to 18 visits over 6-8 weeks. Without evidences of objective functional improvement, the request for 12 Chiropractic Therapy are not medically necessary.