

<b>Case Number:</b>	CM14-0209744		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	09/11/2012
<b>Decision Date:</b>	02/18/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Chiropractor, Oriental Medicine

### 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 46 year old female who reported right hip pain from injury sustained on 09/11/12. Mechanism of injury was not documented in the provided medical records. Patient is diagnosed with right hip labral repair with hip arthroscopy. Patient has been treated with surgery, medication, physical therapy, and acupuncture. Per medical notes dated 08/13/14, the patient has had no improvement since her last visit. She is still having lots of sore in the right side of her hip and reports she is not ready for work. Per medical notes dated 09/24/14, patient reports still having pain within the groin region. She has made minimal improvement with physical therapy. Examination revealed full range of motion of the lumbar spine but very limited range of motion of her right hip secondary to pain. Provider requested initial trial of 12 chiropractic treatments which were non-certified by the utilization review. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment 1 x 12 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

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

**Decision rationale:** The patient has not had prior chiropractic treatments. The provider requested initial trial of 12 chiropractic treatments which were non-certified by the utilization review. Per guidelines 4-6 treatments are supported for initial course of Chiropractic with evidence of functional improvement prior to consideration of additional care. Requested visits exceed the quantity of initial Chiropractic visits supported by the cited guidelines. Additional visits may be rendered if the patient has documented objective functional improvement. MTUS-Definition 9792.20 (f) Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Per guidelines and review of evidence, the request for 12 chiropractic visits is not medically necessary.