

<b>Case Number:</b>	CM15-0018369		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	05/04/2013
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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 43 year old male who sustained an industrial injury on 5/4/2013. His diagnoses include myofascial pain - chronic; hip pain - chronic; (illegible); status-post right hip surgery (11/21/13); and chronic pain syndrome. There is no record of recent magnetic resonance imaging. The 9/18/2014 consultation notes, describe the impression for right inguinal groin pain, sports hernia versus myofascial or musculoskeletal trauma. He has been treated with Chiropractic, trigger point injections - right groin; heat therapy; rest; and with anti-inflammatory drugs, Neurontin and Norco. In the progress notes of 1/6/2015, his treating physician reports right groin pain with point tenderness, positive twitch response, and referred pain into the groin. He is requesting Chiropractic treatments with muscle stretching and strengthening exercises.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment 2 times a week for 3 weeks for the right groin/hip: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines: 2009; 9294.2; pages 58/59: manual therapy and manipulation Page(s): 58/59.

**Decision rationale:** The medical records reflect the patient experiencing chronic groin/hip pain following his industrial injury of 5/3/13. His course of treatment has recently included Chiropractic care, 8 sessions with the primary treating physician recommending additional care, 2x3 applied to the right groin/hip. The UR determination of 1/16/15 denied additional treatment citing CA MTUS Chronic Treatment Guidelines. A review of the medical records failed to address the medical necessity to continue with unspecified Chiropractic care based on prior objective evidence of functional improvement. The UR determination of 1/16/15 was an appropriated determination after review of the provided medical/chiropractic records that failed to establish medical necessity for continuing care based on clinical evidence of functional improvement, a requirement of the CAMTUS Chronic Treatment Guidelines. The request is not medically necessary.