

Case Number:	CM15-0163979		
Date Assigned:	09/01/2015	Date of Injury:	01/31/2014
Decision Date:	09/30/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/20/2015

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, Montana

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 55 year old female who sustained an industrial-work injury on 1-31-14. She reported an initial complaint of pain in the wrist and hips. The injured worker was diagnosed as having left distal radius fracture and bilateral hip bursitis with iliotibial band tendinitis, left knee internal derangement and bilateral hip labral tear. Treatment to date includes medication, physical therapy (6 sessions), and diagnostics. EMG-NCV (electromyography and nerve conduction velocity test) was done on 10-28-14. Currently, the injured worker complained of low back pain, bilateral hip pain with numbness in the right foot. Per the primary physician's report (PR-2) on 7-6-15, exam noted positive straight leg raise at 70 degrees sitting, right S1 joint mild tenderness to touch, and limping gait. Current plan of care included chiropractic treatment, manual therapy and ESI (epidural steroid injection), and wrist surgery. The requested treatments include Chiropractic care to the bilateral hips.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro x12 to the bilateral hips: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

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

Decision rationale: Provider requested initial trial of 12 chiropractic treatments for bilateral hips which modified to 6 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, 12 Chiropractic visits are not medically necessary.