

<b>Case Number:</b>	CM15-0085280		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	09/12/2014
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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 25 year old female injured worker suffered an industrial injury on 09/12/2014. The diagnoses included labral tear right hip, neck, lumbar and hip sprain/strain. The diagnostics included right hip magnetic resonance imaging. The injured worker had been treated with chiropractic therapy and medications. On 4/22/2015 the treating provider reported chronic daily headaches that chiropractic had kept in check with 2 x week sessions. On exam the hip was found to be exquisitely tender and had pain on range of motion. The treatment plan included chiropractic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiro x 8 for neck and hips:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

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

**Decision rationale:** The UR determination of 5/1/15 non-certifying the request for continued Chiropractic care, 8 visits cited CAMTUS Chronic Treatment Guidelines. The reviewed medical records reflected prior Chiropractic care certified for 15 sessions with no interim reporting of functional improvement, a requirement for additional treatment consideration per CAMTUS Chronic Treatment Guidelines. The records reviewed failed to document the medical necessity for the 8 additional Chiropractic visits or comply with the CAMTUS Chronic Treatment Guidelines.