MAXIMUS Federal Services

Case Number:	CM15-0234543		
Date Assigned:	12/10/2015	Date of Injury:	06/17/2010
Decision Date:	01/19/2016	UR Denial Date:	11/18/2015
Priority:	Standard	Application Received:	12/01/2015

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

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 is a 44 year old female with a date of injury on 6-17-10. A review of the medical records indicates that the injured worker is undergoing treatment for right groin pain. Progress report dated 10-14-15 reports continued complaints of constant dull ache in right hip that radiates down the front side of her leg to the level of her knee with occasional piercing pain in the right groin. She reports difficulty walking long distances and can only walk 100 feet before needing to rest. She has a popping sensation in her left hip associated with pain. She reports physical therapy was not much help and she does receive functional benefit from medications. She gets relief from Opana lasting 4-6 hours. She also reports left hip pain in the past and continues to have left hip pain and intermittent back pain for several years. Treatments include: medication, acupuncture, physical therapy, injections, psychotherapy, yoga and pool walking and 2 bursectomies right hip. Request for authorization was made for Six sessions of chiropractic therapy sessions, over one month for the right hip. Utilization review dated 11-18-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions of chiropractic therapy sessions, over one month for the right hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The claimant presented with flare-up of chronic right hip and low back pain. Previous treatments included medications, injections, physical therapy, acupuncture, yoga, aquatic exercises, bursectomies. According to the available medical records, the claimant has had chiropractic treatments on her own previously, however, total number of visits and treatments outcomes are not documented. The request for 6 visits also exceeded MTUS guidelines recommendation for flare-ups. Therefore, it is not medically necessary.