

<b>Case Number:</b>	CM15-0117884		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	10/18/2012
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: Ohio

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 57 year old male with an industrial injury dated 10/18/2012. The injured worker's diagnoses include left knee meniscal tear, chronic left knee pain, and left hip pain. He is status post left hip arthroscopy dated 06/01/2010. Treatment consisted of prescribed medications, chiropractic treatment, physiotherapy, steroid injection to left hip on 3/10/2015, stretching exercises and periodic follow up visits. In a progress note dated 03/10/2015, the injured worker reported left hip pain with piriformis tendinopathy. Left hip exam revealed tenderness to palpitation near the piriformis tendon. According to the most recent progress note dated 05/18/2015, the injured worker reported left hip pain and left knee pain extending to the bottom of foot with associated cramping sensation. The injured worker also reported difficulty in sitting more than one hour due to pain. Objective findings revealed peripatellar swelling and posterior joint swelling in the left knee, crepitus, and slightly loose anterior cruciate ligament (ACL) on the left compared to the right. Positive anterior draw sign and positive McMurray sign were also noted on exam. Left hip exam revealed full range of motion with slight internal rotation deficit. Left leg sensory test revealed blunting to pin/light touch in the L5/S1 distribution. The treating physician stated that previous chiropractic treatment resulted in 75% relief in hip symptoms. Treatment plan consisted of chiropractic treatment, physical therapy, continuation of home exercise therapy, medication management including NSAID, and follow up appointment. The treating physician prescribed services for six visits for left hip chiropractic, now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 visits for left hip chiropractic:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis (Acute & Chronic) (updated 12/09/2013).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip Chapter.

**Decision rationale:** MTUS Chronic Pain Treatment Guidelines is silent in regard to manipulation of the hip. ODG was utilized in this determination as it does specifically address the treatment request. ODG recommends manipulation of the hip for pain and adhesions. Time to produce effect is immediate or up to 10 visits. Optimum duration is 3-6 visits with 10 visits being the maximum duration. Based on the file presented the patient has been treated with chiropractic 6 times prior to the current treatment request, with no documented objective functional improvement. The treatment request of an additional 6 visits exceeds the ODG recommendation for chiropractic treatment to the hip. This in addition to the lack of documented objective functional improvement from previous chiropractic treatment, the request for an additional 6 chiropractic treatments is not medically necessary.