

<b>Case Number:</b>	CM15-0046194		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	05/04/2013
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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, Minnesota  
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 43 year old man sustained an industrial injury on 5/4/2013. The mechanism of injury is not detailed. Diagnoses include myofascial pain, right hip strain/sprain, low back strain, and groin pain. Treatment has included oral medications and surgical intervention. Physician notes on a PR-2 dated 2/17/2015 show complaints of right hip and groin pain which are notes to be worse. Pain rating ranges from 3-8/10. Recommendations include occupational, physical therapy, chiropractic therapy, and follow up in four to six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic 2 x Wk x 3 Wks for the right hip/groin:** 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 9792.20-9792.26 Page(s): 58&59.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines above, manipulation of the hip and groin is not recommended. The doctor requested Chiropractic treatment 2x/week for 3 weeks for the right hip /groin. The request for treatment is not according to the above guidelines and therefore the treatment is not medically necessary.

