

Case Number:	CM13-0006755		
Date Assigned:	09/09/2013	Date of Injury:	04/17/2012
Decision Date:	09/05/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/05/2013

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. The expert reviewer is Board Certified in Chiropractic and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Upon review of the medical documentation the applicant was a 43 year old female whom sustained an industrial type injury that occurred on April 17, 2012 while employed by [REDACTED] in housekeeping. While cleaning an apartment she turned around and hit her thighs on the edge. Few days later she developed a bruise and pain to her thighs. The treating diagnosis is low back pain and chondromalacia of the right knee. Thus far, treatment has consisted of medications including Ibuprofen and Nortriptyline for pain, acupuncture treatment, chiropractic treatment, MRI of the lumbar spine dated 5/17/12 demonstrated mild degenerative disc disease from L4-S1, mild right neural foraminal narrowing at L5/S1, right Tarlov cyst at the level of S1-2. MRI of the right knee dated 7/12/12 demonstrated marked thinning of the medial compartment cartilage with internal contusion or degeneration of the anterior horn of the medial meniscus. The applicant underwent two injections to the right knee and status post LESI on 8/16/12. The applicant was instructed to return to full duty work on 1/30/13, 3/21/13, on 4/19/13 and then 5/29/13 with no limitations or restrictions. Upon review of medical notes dated 3/21/13 and 4/19/13, 4/30/13, 5/29/13 the medical evaluation noted there were complaints of constant moderate pain on the lower back and radiating to the right knee and thigh rated 5-6/10. Although, there were continued subjective complaints the lumbar examinations continued to reveal the following pertinent negatives: there was no paralumbar muscle spasm present; there was no tenderness over the thoracolumbar paraspinal muscles and no tenderness over the sacroiliac joint bilaterally. Straight Leg Raise orthopedic testing was negative bilaterally, lumbar range of motion was normal, lower extremity reflexes and strength was normal and sensation was intact. Right knee indicated no edema, or swelling, there is medial joint line tenderness, anterior knee tenderness, no joint effusion, full range of motion, no atrophy, normal muscle strength, McMurrays Test was negative, anterior/posterior draw test was negative and

abduction/adduction stress test was negative. Upon review of most recent medical examination report dated 7/15/13 the applicant felt worse. The right knee pain was rated a 7-8/10 which is constant. There were complaints of intermittent low back pain and rated 5-6/10. She is taking Ibuprofen for pain. Examination revealed the following: there was no focal motor deficits, no numbness tingling, dizzy or sensory changes. Lumbar examination revealed the following pertinent negatives: there was no paralumbar muscle spasm present, there was no tenderness over the thoracolumbar paraspinal muscles and no tenderness over the sacroiliac joint bilaterally. Straight Leg Raise orthopedic testing was negative bilaterally, lumbar range of motion was normal, lower extremity reflexes and strength was normal and sensation was intact. Right knee indicated no edema, or swelling, there is medial joint line tenderness, anterior knee tenderness, no joint effusion, full range of motion, no atrophy, normal muscle strength, McMurrays Test was negative, anterior/posterior draw test was negative and abduction/adduction stress test was negative. In a utilization review dated 7/22/13, the reviewer determined that the proposed request for additional chiropractic treatment two times per week for three weeks to the lower back and right knee was non-certified. The reviewer indicated as per the CA MTUS Chronic Pain Medical Treatment Guidelines Manual therapy & Manipulation pgs 59-60 does not recommend manipulation for the knee as well as there was no evidence of any significant progressive functional improvement from previous rehabilitation/chiropractic visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL CHIROPRACTIC 2X3 FOR THE LOW BACK AND RIGHT KNEE:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 59-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual and Manipulation Chapter-Low Back and Knee Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines (ODG)-Knee & Leg Chapter for Manipulation.

Decision rationale: The applicant continued to have subjective complaints of lower back pain upon review of all medical documentation available there were no objective clinical findings to warrant any further chiropractic treatment. As previously documented, there were no paralumbar muscle spasm present; there was no tenderness over the thoracolumbar paraspinal muscles and no tenderness over the sacroiliac joint bilaterally. Straight Leg Raise orthopedic testing was negative bilaterally, lumbar range of motion was normal, lower extremity reflexes and strength was normal and sensation was intact. Right knee indicated no edema, or swelling, there is medial joint line tenderness, anterior knee tenderness, no joint effusion, full range of motion, no atrophy, normal muscle strength, McMurrays Test was negative, anterior/posterior draw test was negative and abduction/adduction stress test was negative. It is clear based upon the clinical presentation of this applicant with the absence of objective clinical findings there is no medical necessary for any additional treatment. As per the CA MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Section pgs 58-60, The low back guidelines indicated an initial trial of

six visits over two weeks with evidence of objective functional improvement with a total of up to 18 visits over 6-8 weeks. Upon review of the medical records the applicant's subjective complaints remain unchanged but the lumbar examination was completely negative. As per the CA MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation is not recommended to the knee and therefore not medically necessary. Furthermore, the Official Disability Guidelines Knee & Leg Chapter for Manipulation documents that knee manipulation is not recommended. There are no studies showing that manipulation is proven effective for patients' with knee and leg complaints. Therefore, the request is not medically necessary.