

Case Number:	CM13-0010326		
Date Assigned:	09/30/2013	Date of Injury:	06/01/1987
Decision Date:	01/24/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Oklahoma, Texas. 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 physician 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:

The patient was noted to report an injury on 06/01/1987 and has an unknown date of birth. The mechanism of injury was noted provided. A request was made for chiropractic therapy 1 time a month for 1 year for the patient's lumbar spine, neck, hip, and knee. Clinical documentation from the requesting physician was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment 1 month for 1 year for lumbar spine, neck, hip and knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation (ODG) official Disability Guideline.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

Decision rationale: California Chronic Pain Medical Treatment Guidelines recommend manual therapy and manipulation as an option for the low back. It states that a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. It further states that elective/maintenance care is not medically necessary and for recurrences and flare ups, the patient needs to be re-evaluated for success. Additionally, the guidelines state that manual therapy and manipulation is not recommended for the knee. As the

guidelines state that elective and maintenance care are not medically necessary and that manual therapy and manipulation is not recommended for treatment of the knee, the request is not supported. Therefore, the request is non-certified.

E/M Limited Exam code 99212 as needed for approximately 1 month for 1 year: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation (ODG) official Disability Guideline, and Chiropractic: Therapeutic care

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58.

Decision rationale: California Chronic Pain Medical Treatment Guidelines recommend manual therapy and manipulation as an option for the low back. It states that a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks. It further states that elective/maintenance care is not medically necessary and for recurrences and flare ups, the patient needs to be re-evaluated for success. Additionally, the guidelines state that manual therapy and manipulation is not recommended for the knee. As the guidelines state that elective and maintenance care are not medically necessary and that manual therapy and manipulation is not recommended for treatment of the knee, the request is not supported. Therefore, the request is non-certified