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| Case Number: | CM13-0010774 | | |
| Date Assigned: | 09/19/2013 | Date of Injury: | 09/09/2011 |
| Decision Date: | 01/24/2014 | UR Denial Date: | 08/05/2013 |
| Priority: | Standard | Application Received: | 08/14/2013 |

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 licensed in Chiropractic, has a subspecialty in Acupuncture, and is licensed to practice in 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 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:

The patient is a 47-year-old female who reported an injury on 9/9/11 after being pushed by a shoplifter. The patient sustained an injury to her right knee and left shoulder. The patient was treated conservatively with acupuncture, physical therapy, medications, and psychiatric support, and underwent electrodiagnostic studies that revealed no abnormal findings. The patient's most recent clinical evaluation revealed she had tenderness to palpation of the anterior shoulders bilaterally with restricted range of motion and a positive impingement sign bilaterally. Evaluation of the left knee revealed tenderness to palpation of the medial joint line and a positive McMurray's test. The patient's diagnoses included bilateral shoulder sprain, left knee internal derangement, anxiety reaction, and bilateral plantar fasciitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

chiropractic care for the left knee three times a week for four weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The patient has left knee pain that has persisted in spite of conservative measures, including acupuncture, physical therapy, and medications. The California Medical Treatment Utilization Schedule recommends manual therapy for chronic pain if it is caused by a musculoskeletal condition; however, it does not recommend manual therapy for the knee. There are no exceptional factors noted within the documentation to extend treatment beyond guideline recommendations. As such, the requested chiropractic care is not medically necessary or appropriate