MAXIMUS Federal Services

Case Number:	CM13-0015803		
Date Assigned:	10/10/2013	Date of Injury:	01/26/2005
Decision Date:	01/24/2014	UR Denial Date:	08/17/2013
Priority:	Standard	Application Received:	08/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is licensed in Chiropactic and is licensed to practice in California. 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:

According to the available medical records, this is a 66 year old female patient with chronic right knee pain and right shoulder pain, date of injury 01/26/2005. Previous treatments include medications, physical therapy, trigger finger release (08/2005), thumb surgery (04/2006), TENs unit, acupuncture, chiropractic, injection and home exercise program. Progress report dated 06/26/2013 by [redacted] revealed right shoulder, right elbow, right wrist and hand complaints, right knee complaints, rated 2-3/100; exam nor the right shoulder noted positive subacromial bursitis with mild impingement symptoms, tenderness over the AC joint with direct palpation and cross-arm testing, right knee patellofemoral crepitus presents with mild pain on right knee range of motion; MRI of the right shoulder (07/10/2012) revealed focal articular side partial tear of supraspinatus tendon at the insertion site, biceps tenosynovitis, acromioclavicular joint hypertrophy, glenohumeral joint effusion, subacromial/subdeltoid bursisti, sublabral foramen and normal variant; X-ray of the right knee (06/30/2012) is normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) chiropractic therapy sessions, right knee and right should: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Knee and Leg (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203,Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: CA MTUS guidelines do not recommend chiropractic manipulation for chronic knee pain. ACOEM guidelines suggest manipulation being effective for patient with frozen shoulders, the period of treatment is limited to a few weeks, because results decrease with time. Based on the medical records and the guidelines recommendation, the request for 6 chiropractic therapy for right knee and right shoulder is NOT medically necessary.