

Case Number:	CM13-0018084		
Date Assigned:	12/18/2013	Date of Injury:	03/27/2012
Decision Date:	02/18/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/29/2013

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 chiropractic 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 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 injured worker is 43-year-old male who states on March 27, 2012 he was walking downstairs at work when he slipped and fell for approximately five steps landing on his knees. Patient continued working for approximately one month before reporting the injury to his employer. During the initial course of care he got medication and physical therapy. X-rays were performed and late MRI scans were performed. MRI scans revealed irregularity of the medial meniscus on the left knee with possible tear and on the right knee irregularity of anterior horn of the lateral meniscus with possible tear. Patient also reported low back pain developing during the course of care and after his reporting industrial injury. Due to continued ongoing symptoms and nerve conduction study was performed a lower extremity along with MRI scan of the lumbar spine. Nerve studies were unremarkable and MRI scan revealed grade one in anterolisthesis of L5 over S1 with disk and joint degenerative disease at L2-3, L3-4, L4-5, L5-S1 with L4-5 showing a left lateral annular tear. There was a change of primary treating physician in April 2013. At that time the diagnosis was lumbar spine myofascitis with radiculitis, bilateral internal knee derangement, digestive problem, sleep disturbance, sexual dysfunction, psyche. Request for authorization were made including new MRI scan lumbar spine, psychological evaluation, MRI scan left knee, evaluation with hernia specialist. On June 27, 2013 there's a request for authorization made for the lumbar spine and bilateral knees for chiropractic physiotherapy two times a week for weeks done in office with the procedure request of ultrasound. There was another request for the same date for electric stimulation unattended, and another for myofascial release, there was request for a tens unit, there was a request for heating pads for purchase, a right knee brace. Progress report of June 17, 2013 requested under the treatment plan that the patient needs chiropractic care to the lumbar spine and physiotherapy to both knees two times a week for four weeks. Utilization reviewed on July 8, 2013 noncertified the request for eight

sessions of chiropractic treatment to the lumbar spine, the reasoning behind the denial was the request for care including electric stimulation myofascial release and ultrasound should only be used in the initial two weeks of care in this injuries beyond that. It was denied because there is no exercise component to the chiropractic care requested. Utilization review July 8, 2013 for the request of chiropractic physiotherapy eight sessions to the bilateral knees was also noncertified. Reasoning behind the denial was similar to the lumbar spine earlier. Utilization reviews of July 16, 2013 noncertified the psych consultation, the MRI of the lumbar spine, consult with a hernia specialist. July 24, 2013 the primary treating physician report to appeal utilization review determinations. On July 31, 2013 a request was made by the primary treating physician for acupuncture treatment two times a week for four weeks to the lumbar spine and bilateral knees. On July 31, 2013 there was another utilization review performed this time you was for eight chiropractic sessions to the lumbar spine and bilateral knees at two times a week for four weeks, this request was denied. The utilization review opined that the primary treating physician did not address prior progress with physical therapy and from the records that the patient's condition is now chronic over 17 months with no evidence that passive modalities have led to any functional gains. August 5, 2013 utilization review certified in nerve conduction study of the bilateral lower extremities. On August 8, 2013 utilization review certified for acupuncture treatment to the bilateral knees out the eight that were requested. On October 1, 2013 utilization review denied lumbar spine brace. Application for independent medical review was submitted on August 23, 2013

IMR ISSUES, DECISIONS AND RATIONALES

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

8 chiropractic sessions for the lumbar spine and bilateral knees, 2x/week for 4 weeks:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical therapy and chronic care for Manual therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 298-299,Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: Patient injured his bilateral knees and low back starting back in March 2012. Patient is clearly in the chronic stages of healing. He has limited physical therapy right after his injury, but since that time most of his care has been passive with medication and consults. The request was made by the primary treating physician for eight sessions of chiropractic care to the lumbar spine and bilateral knees at two times a week for four weeks. This was noncertified by utilization review. In this case, the chronic pain medical treatment guidelines do not recommend manipulation or manual therapy to the knees. ODG chiropractic guidelines also do not recommend manipulation to the knees. The chronic pain treatment guidelines do recommend a trial of six visits over two weeks with evidence of functional improvement for up to 18 visits over 6 to 8 weeks for manual therapy and manipulation to the low back. ODG chiropractic guidelines also recommend six visits over two weeks as a trial with a request for functional improvement to continue care. ACOEM guidelines do allow for manipulation of the lumbar spine for the first few weeks of back pain without radiculopathy and can be tried as an option for

patients with radiculopathy. For this request for eight sessions of chiropractic care for the bilateral knees and the low back are beyond the recommended guidelines and therefore not medically necessary.