MAXIMUS Federal Services

| Case Number: | CM13-0026399 | | |
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| Date Assigned: | 06/06/2014 | Date of Injury: | 05/22/2012 |
| Decision Date: | 09/09/2014 | UR Denial Date: | 08/26/2013 |
| Priority: | Standard | Application Received: | 09/19/2013 |

## 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 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:

The patient is a 33 year old male with a reported work related injury of 5/22/12; the patient fell on his left knee. Initial medical management was provided which included physical therapy and Chiropractic care. The initial course of Chiropractic care began 8/8/12 with Dr. [redacted] for reported lumbar spine residuals. The patient received 18 visits with this provider. Additional care was denied. The patient then was evaluated by Dr. [redacted] but again the request for Chiropractic care was denied on 10/30/12 and1/10/13. Despite these denials the patient received 24 Chiropractic visits, 12 of the visits through 2/13/13. Additional care was requested by Dr. [redacted] on 7/25/13 based on the patient report of chronic knee pain. Dr. [redacted] requested certification for care provided from 12/17/12 through 2/13/13. The retroactive dates of services were denied on 8/24/13 with supportive rationale from the CAMTUS Chronic Pain Guidelines, pg 58-59. The absence of any reported functional improvement was cited as the foundation for denial of care.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE CHIROPRACTIC THERAPY TREATMENT FOR 12 SESSIONS TO THE LUMBOSACRAL SPINE AND BILATERAL KNEES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, CHAPTER 7 , PAGE 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** The patient is a 33 years old male with a reported work related injury of 5/22/12; the patient fell on his left knee. Initial medical management was provided which included physical therapy and Chiropractic care prior to the initiation of Chiropractic care with Dr. [redacted]. Despite the denial of requested care, 24 sessions was provided with documentation reviewed failing to provide any clinical evidence of functional improvement in the lower extremities following the initial 12 sessions The clinical basis for denial of care per UR was the lack of objective evidence of functional improvement that per the CA MTUS Chronic Pain and Treatment Guidelines is required prior to consideration of additional care. Reviewed report post denial of care in August 2013 again failed to document evidence of functional improvement. The denial of Chiropractic care on 8/24/12 remains consistent with documents reviewed and the cited CAMTUS Chronic Pain/Treatment Guidelines for denial of requested treatment, 12 retrospective visits of Chiropractic care.