

Case Number:	CM13-0026960		
Date Assigned:	06/06/2014	Date of Injury:	11/09/2011
Decision Date:	09/17/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/20/2013

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, 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:

This is a 58-year-old female with a 11/9/11 date of injury. The mechanism of injury was that the patient fell off a ladder doing inventory when a customer bumped into the ladder causing her to fall several feet to the floor. According to a progress report dated 9/18/13, the patient continued to complain of left knee pain. The patient would like to proceed with Supartz injection. Objective findings: left knee negative effusion, positive crepitanace. Diagnostic impression: left knee osteoarthritis. Treatment to date: medication management, activity modification, physical therapy, surgeryA UR decision dated 9/6/13 denied the request for chiropractic care twice a week for 6 weeks; 12 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic care twice a week for 6 weeks: 12 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 173; 298-299,Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter.

Decision rationale: CA MTUS states that manipulation appears safe and effective in the first few weeks of back pain without radiculopathy. CA MTUS states using cervical manipulation may be an option for patients with neck pain or cervicogenic headache, but there is insufficient evidence to support manipulation of patients with cervical radiculopathy. In addition, a request to initiate treatment would make it reasonable to require documentation of objective functional deficits, and functional goals for an initial trial of 6 chiropractic/manipulation treatment. According to the RFA request, chiropractic care for the cervical and lumbar spine is being requested. However, according to the most recent progress note, there is no documentation that the patient is suffering from neck or back complaints. There is no documentation as to whether or not the patient has had prior chiropractic treatment. Guidelines support up to 6 sessions for an initial trial. This is a request for 12 sessions, which exceeds guideline recommendations. Therefore, the request for Chiropractic Care Twice A Week For 6 Weeks: 12 Visits was not medically necessary.