

Case Number:	CM13-0031906		
Date Assigned:	06/06/2014	Date of Injury:	11/04/2011
Decision Date:	07/14/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/07/2013

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 Board Certified Chiropractic Medicine 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 34-year-old female with an injury date of 11/03/2011. On 11/03/2011 she was walking into her office building when she slipped and fell, injuring her low back and knees. On 11/07/2011, she was referred to physical therapy. The patient was seen in orthopedic evaluation on 03/05/2013 relative to injuries to her low back and knees while at work. The orthopedic surgeon reported, due to the fact that she has already had failure of conservative measures which include activity modification, therapy along with injection blocks in the bilateral carpal tunnel with temporary relief, surgical intervention in the form of a left cubital/carpal tunnel release will be made to be followed in 6 weeks with a right carpal tunnel release. The patient underwent lumbar spine MRI on 05/31/2013 with findings of: 1) left-sided spondylosis at the L4-L5 level, 2) 4.0-MM left foraminal disc protrusion at L5-S1 with an associated tear of the annulus fibrosus, which measures 6.0 MM in width, 3) 3.3 MM posterior disc protrusion at L5-S1, and 4) no appreciable spinal stenosis or neuroforaminal narrowing. A cervical spine MRI was also performed on 05/31/2013 with findings of: 1) reversal of the normal lordosis suggests a component of underlying muscle spasm, 2) 1.6 MM disc bulge at C5-C6, and 3) no appreciable spinal stenosis or neuroforaminal narrowing. A left knee MRI was performed on 06/24/2013 with report of no meniscal tears, no signs for internal derangement, no fractures, fluid within the knee joint consistent with effusion, and Baker's cyst medial to the medial gastrocnemius. Lower extremity electrodiagnostic studies were performed on 06/26/2013 with the impression noted as no electroneurographic evidence of entrapment neuropathy seen in the lower extremities, and no electromyographic indicators of acute lumbar radiculopathy. The patient underwent orthopedic reevaluation on 07/30/2013. She reported persistent pain of the bilateral wrist with numbness and tingling, elbow pain, low back pain, and left knee pain. A physical examination was performed without measured objective factors noted. She was diagnosed with cervical discopathy, lumbar

discopathy, cubital tunnel syndrome, carpal tunnel/double crush syndrome, and left knee sprain with Baker's cyst. There is a request for chiropractic treatment at a frequency of 2 times per week for 4 weeks for the back, left knee, and bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC TREATMENT 2 X 4 BACK, LEFT KNEE BILATERAL UPPER EXTREMITIES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION Page(s): 58-60.

Decision rationale: MTUS (Chronic Pain Medical Treatment Guidelines), page 58, supports a 6-visit trial of manual therapy and manipulation over 2 weeks in the treatment of chronic low back pain complaints, if caused by musculoskeletal conditions, but MTUS does not support manual therapy and manipulation in the care of upper extremity (forearm, wrist, or hand) complaints, carpal tunnel syndrome, or in the treatment of knee complaints. MTUS reports in the care of upper extremity (forearm, wrist, and hand complaints), carpal tunnel syndrome, and knee complaints manual therapy and manipulation are "not recommended." The request for 8 chiropractic treatment sessions (2 times per week for 4 weeks) to the back exceeds MTUS recommendations in both frequency and duration and is not supported to be medically necessary. The request for Chiropractic Treatment 2 X 4 to the Back, Left Knee, Bilateral Upper Extremities is not medically necessary and appropriate.