

Case Number:	CM13-0035178		
Date Assigned:	12/13/2013	Date of Injury:	05/04/2005
Decision Date:	03/04/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/25/2013

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 Orthopedic Surgery 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.

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 claimant is a 66 year old female injured in a work related accident May 4, 2005. The records indicate an October 7, 2013 assessment with [REDACTED], where subjectively she was with continued complaints of pain to the low back as well as bilateral knees noted to be unchanged from her previous assessment. Objectively the claimant was noted to be with knee examination with 4/5 weakness with flexion and extension, right greater than left, tenderness to palpation over the medial and lateral joint line and a lumbar evaluation showing tenderness to palpation over musculature with restricted range of motion, positive straight leg raising and no documented neurologic findings. The plan was for referral for chiropractic treatment two times a week for three weeks directed at her low back. The records indicate previous course of care that includes chiropractic measure and significant conservative care dating back to 2005 time of injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment (12 sessions): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): s 58-59.

Decision rationale: Based on the CA MTUS Guidelines continued chiropractic care is not supported. The guideline criteria for use of chiropractic modalities would include a maximum frequency of duration of eight weeks. It indicates that documentation of improved function diminished pain and improved quality of life with chiropractic measure should be noted prior to proceeding with further modalities. The claimant's success with prior chiropractic treatments has not been indicated. The need for continuation of this therapeutic modality at this stage in the claimant's chronic course of care would not be necessitated for the two times per week for three weeks requested in this case.

Continued home care assistance, 3 hours per day, 4 days per week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: Based on the CA MTUS Guidelines continued home health assessment would not be indicated. The records in this case demonstrate no clear documentation indicating the claimant's diagnosis place her in a home bound setting. The MTUS Guidelines only recommend the role of home care services for claimants that are home bound on a part time or intermittent basis for no more than 35 hours per week. Given the claimant's chronic working diagnosis and lack of documentation of home bound status this request would not be indicated.