

<b>Case Number:</b>	CM13-0039191		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	02/04/2013
<b>Decision Date:</b>	03/21/2014	<b>UR Denial Date:</b>	10/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient is a 65-year-old female with a date of injury of 02/04/2013. The listed diagnoses per [REDACTED] dated 10/07/2013 are: 1. Concussion. 2. Derangement of shoulders. 3. Cervical and thoracic sprain/strain. 4. Radiculopathy. 5. Rule out disk herniation. According to report dated 10/07/2013, the patient presents with headache, neck pain, leg pain, and left knee pain. The patient was noted to have left knee crepitus, positive with weight-bearing and intermittent "HA." The patient states that the pain is a 6/10. The patient also complains of vertigo. An examination of the left knee shows restricted range of motion and crepitus. There was positive Apley's telescoping.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment one (1) time a week for six (6) weeks for the cervical spine:**

Overtured

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

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

**Decision rationale:** The patient presents with headaches, neck, left leg, and left knee complaints. The treater requests six (6) sessions of chiropractic care. The utilization review (UR) dated 10/12/2013 states, "Peer contact was made with treating physician, and chiropractic care was discussed." The UR denied the request for ongoing chiropractic sessions stating, "Discussion with [REDACTED] indicates that the claimant has not made reasonable improvement with the care rendered." The treater in an appeal letter dated 11/11/2013 states, "Patient has had 12 visits to-date. Again, her pain levels are unchanged, but her ADL have shown improvement, and there has been improvement in her range of motion." The Chronic Pain Guidelines recommend as an option trial of six (6) visits over two (2) weeks with evidence of objective functional improvement total of up to eighteen (18) visits over six to eight (6 to 8) weeks. For reoccurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then one to two (1 to 2) visits every four to six (4 to 6) months. In this case, the treater makes the argument that the patient's function is somewhat improved with twelve (12) sessions of chiropractic care. The guidelines does allow for up to eighteen (18) sessions of chiropractic treatments. Recommendation is for authorization.

**Physical therapy for the left knee times eight (8) visits:** 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 Physical Medicine Page(s): 98-99.

**Decision rationale:** This patient presents with headache, neck, left leg, and left knee pain. The treater requests physical therapy times eight (8) sessions for the left knee. Treater in an appeal letter states, "The patient has completed 8 visits to-date and has some improvement. Although her pain levels have not decreased, her ADLs have improved markedly." The Chronic Pain Guidelines recommend nine to ten (9 to 10) visits over eight (8) weeks for myalgia and myositis and neuralgia-type symptoms. In this case, the patient has received eight (8) sessions, and the treater is requesting eight (8) additional sessions as "her pain levels have not decreased; however, ADL have improved." The requested additional eight (8) sessions exceeds what is recommended by the guidelines. Recommendation is for denial.

**MRI of the left knee:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341, 343.

**Decision rationale:** This patient presents with headache, neck, left leg, and left knee pain. The treater requests an MRI of the left knee "in order to determine the extent of her injuries." The MTUS/ACOEM Guidelines indicate that "Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation." The Guidelines also

indicate, "For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture." The patient sustained an injury to her left knee on 02/04/2013. Medical reports show that the patient has continued with symptoms even after a trial of chiropractic and physical therapy treatments. A report dated 10/07/2013 notes that the patient has significant crepitus and swelling. The medical records do not show any prior MRIs or X-rays. In this case, an MRI of the left knee for further investigation, at this juncture is reasonable. Recommendation is for approval.

**Neurology consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM California Guidelines Chapter 7

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, (2004), Chapter 7, page 127

**Decision rationale:** This patient presents with headache, neck, left leg, and left knee pain. The treater requests a neurology consultation. The treater, in an appeal letter dated 11/11/2013 states, "Patient sustained an undisputed head injury and continues with headaches and dizziness." The medical records confirm that this patient sustained a concussion on 02/04/2013. The ACOEM Practice Guidelines states, "Health practitioners may refer to other specialists if a diagnosis is uncertain or extremely complex, when psycho factors are present or when the plan or course of care may benefit from additional expertise. An independent medical assessment may also be useful in avoiding potential conflicts of interest when analyzing causation or when prognosis, degree of impairment or work capacity requires clarification." Given the patient's continued complaints of headaches and dizziness, obtaining a specialty neurology consultation at this time is reasonable. Recommendation is for approval.