

Case Number:	CM13-0041559		
Date Assigned:	12/27/2013	Date of Injury:	08/01/2013
Decision Date:	08/26/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/15/2013

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 Texas. 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 injured worker is a 51-year-old female who reported injury on 08/01/2013. The mechanism of injury was the injured worker had repetitive actions including prolonged standing, walking, mopping, sweeping floors, and transferring patients and developed pain in the mid and low back. On 08/01/2013, the injured worker lifted a child weighing approximately 55 pounds to place the child on the top bunk bed and experienced a sharp pain the low back and felt something pop in the right knee. Prior treatments included x-rays. The x-ray was on 09/09/2013 which demonstrated moderate to severe spondylosis at L4-5 and L5-S1 with surgical clips anterior to L3-4. The medications included Voltaren XR 100 mg to be taken once a day for inflammation, Prilosec 20 mg once a day for gastric upset, Fexmid 7.5 mg 1 twice a day for muscle spasms and Norco 10/325 mg 2 times per day for pain. The examination revealed the injured worker had tenderness to palpation over the intrascapular muscles. The range of motion of the thoracic spine was decreased. The examination of the lumbar spine revealed tenderness to palpation with muscle spasms and guarding over the paraspinal musculature bilaterally. The straight leg raise elicited localized pain. The range of motion was decreased. The examination of the right knee revealed tenderness to palpation over the medial joint line and parapatellar region. The anterior and posterior drawer test and valgus and varus stress tests were negative. The McMurray's test elicited pain on the right. There was patellofemoral crepitus on the right with passive range. The neurologic evaluation was within normal limits. The patient had radiographs of the right knee on 09/09/2013 which demonstrated moderate to severe medial and lateral compartment narrowing with the medial compartment measuring 2 mm and the lateral compartment measuring 4 mm. The subjective complaints were mid and low back pain. The pain in the low back was radiating to the right lower extremity. Additionally, the injured worker complained of right knee pain. The treatment plan included chiropractic treatment 3 times a week for 4 weeks to decrease pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

INITIAL CHIROPRACTIC TREATMENT 3 TIMES A WEEK FOR WEEKS 4 FOR THE MID-BACK, LOW BACK, AND RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Section.

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

Decision rationale: The California MTUS Guidelines recommend manual therapy for chronic pain if it is caused by musculoskeletal conditions. For the back, therapy is recommended initially for therapeutic trial of 6 sessions and with objective functional improvement a total of up to 18 visits. Treatment is not recommended for the knee. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant a necessity for 12 treatments as there should be some outward sign of subjective or objective improvement within the first 6 visits. Given the above, the request for initial chiropractic treatment 3 times a week for the midback, low back, and right knee is not medically necessary.