

Case Number:	CM13-0041881		
Date Assigned:	12/20/2013	Date of Injury:	08/01/2013
Decision Date:	04/10/2014	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 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 47 year old female who was injured on 8/01/2013 while she was lifting a child weighing approximately 55 pounds to place the child on the top bunk bed when she experienced a sharp pain in the low back and felt something pop in her right knee. PR2 dated 10/03/2013 documented the patient to have complaints ongoing low back pain with spasm "shooting" to left parascapular muscle. The patient states no changes in symptoms, same as prior; right knee pain unchanged. Objective findings on exam of the right knee reveal the patient had her brace removed for the exam. Her AROM flexion 112 degrees, extension 0 degrees; tender to palpation at the medial joint line. The lumbar spine reveals left greater than right paraspinal spasm with tenderness to palpation. Her AROM reveals flexion 44 degrees, extension 11 degrees; right bending 14 and left bending 17. PR2 dated 10/14/2013 indicated no change in symptoms but more soreness after exercise, same as prior. Objective findings on exam revealed no change in symptoms, same as prior. Treatment plan consist of medication therapy, same as prescribed dated 09/09/13. PR2 dated 10/15/2013 documented the patient to have complaints of intermittent pain VAS as 6/10. She took 2 pain meds. Objective findings on exam revealed no change, same as prior. Treatment plan is same as note dated 09/09/2013. PR2 dated 10/22/2013 documented the patient to have complaints of constant low back pain and stiffness. She is unable to sleep at night due to financial and family stress. Objective findings on exam reveal mild edema at medial-lateral right knee joint with hypertonicity of both quadratus lobarium. Treatment plan same as note dated 09/09/2013 PR2 dated 10/24/2013 documented the patient to have complaints of burning on the left, medial-lateral knee on the inside. She is unable to flex knee due to pain. Objective findings reveal tenderness at left medial knee joint. She has low back spasms with no guarding. Treatment plan same as note dated 09/09/2013. PR2 dated 10/31/2013 indicated the patient's low back has improved 20% but right knee is still the same

and unable to bed or flex. Objective findings are same as prior. PR2 dated 11/14/2013 indicated the patient's low back pain has good and bad days but right knee does give way and locks and does have swelling. Her low back pain radiates to popliteal fossa. Objective findings on exam revealed right knee brace was removed for exam. The patient is tender at the medial lateral joint line; range of motion is flexion 125 degrees, extension 0 degrees; Lumbar spine with positive straight-leg-raise bilaterally. Proceed with 6 weeks chiropractic sessions to decreased pain, increase range of motion, and decrease medication use. PR2 dated 12/17/2013 indicated the patient completed 6/6 chiropractic sessions directed to right knee and lumbar spine. Lumbar spine continues to radiate to right lower extremity with occasional numbness and tingling. The patient is taking Norco 10/325 mg, Fexmid 7.5 mg, and Prilosec 20 mg. Objective findings on exam of the right knee reveal an antalgic gait; tender to palpation; flexion 129 degrees, extension 0 degrees; Lumbar spine tender to palpation; positive straight-leg-raise; with decreased AROM

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 4 WEEKS FOR THE MID-BACK, LOW BACK AND RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE.

Decision rationale: The Expert Reviewer's decision rationale: Based on the ACOEM guidelines chiropractic manipulation should be considered safe and effective, given that the patient is showing identifiable improvement in functional capacity. Based on the ODG Chiropractic Guidelines and CA MTUS guidelines, chiropractic care is recommended at a frequency should be 1 time per week not to exceed 6 weeks. The request is for 3 times a week for 4 weeks this exceeds the guidelines recommendation. Therefore, the request is non-certified