

Case Number:	CM13-0042130		
Date Assigned:	01/15/2014	Date of Injury:	07/29/2013
Decision Date:	06/30/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/09/2013

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 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 27-year-old female who reported an injury on 07/29/2013 when a bar fixture fell on her left knee. The injured worker has complaints of pain and swelling on left knee. The injured worker also reported increased lower back pain rated at 4/10, and 6/10, which is aggravated by prolong sitting, standing and bending at the waist. She also states sleeping is interrupted and symptoms are worst. On the physical examination done on 11/11/2013, the injured worker had 110 degrees flexion, palpation +3 tenderness to palpation at the lateral joint line, and the anterior drawer test was negative. The injured worker also had 60 degrees of forward flexion slowly with moderate discomfort, extension 20 degrees slowly with slight discomfort. The injured worker diagnoses include pain, contusion of the left knee both are active and a lumbar spine sprain that is also active. The injured worker's medication includes Omeprazole 20mg and Naproxen 550mg. The treatment plan is for additional chiropractic therapy. The authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIROPRACTIC SESSIONS THREE (3) TIMES A WEEK FOR THREE (3) WEEKS FOR THE LOW BACK AND THE LEFT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

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

Decision rationale: The Chronic Pain Guidelines recommend an initial trial of six (6) sessions of chiropractic care and up to eighteen (18) visits when there is evidence of functional improvement. It also states that for recurrences/flare-ups, if the return to work (RTW) is achieved, then one to two (1-2) visits every four to six (4-6) months. The guidelines also indicate that it is not recommended for the knee. Per the documentation provided, the recommended amount of therapy will exceed the guideline recommendations. In addition, the request submitted is for the left knee, and per the guidelines, the knee is not recommended. As such, the request is not medically necessary.