

Case Number:	CM13-0042819		
Date Assigned:	06/13/2014	Date of Injury:	08/29/2013
Decision Date:	08/04/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/18/2013

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 Chiropractor 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 59-year-old male, with a reported injury on 08/30/2013. The mechanism of injury was not provided. The latest exam provided for the injured worker was on 10/02/2013, where he complained of pain to his leg and his right knee. His pain was at a level of 8/10 to 9/10. He did complain of decreased range of motion to the right leg and right knee. His diagnoses consisted of right knee sprain, right hip strain, and right groin strain. The current medications provided were Relafen, Norco, and Flexeril. The recommended plan of treatment was to have chiropractic therapy evaluation two (2) times a week for three (3) weeks. The injured worker has had six (6) visits of physical therapy. There was a lack of evidence of the efficacy of the physical therapy. The Request for Authorization for initial chiropractic therapy was not provided. The rationale also was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial chiropractic treatment for the right knee and the right leg three (3) times a week for two (2) weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee Complaints, ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2008, pages 1021, and on the Non-MTUS Official Disability Guidelines (ODG), Knee and Leg (updated 06/07/2012), Manipulation.

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

Decision rationale: The Chronic Pain Guidelines indicate that the intended goal of the effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement. There was a lack of documentation of functional deficits, and in the physical therapy notes, there was no measurable gains documented. The guidelines also state that the manual therapy and manipulation is not recommended for the knee. Furthermore, the guidelines suggest the frequency for one to two (1 to 2) times a week for the first two (2) weeks. The request was for three (3) times a week for two (2) weeks, which is over the recommended amount of time. Therefore, the request for initial chiropractic therapy is not medically necessary.