

Case Number:	CM13-0044439		
Date Assigned:	12/27/2013	Date of Injury:	04/10/2002
Decision Date:	10/30/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/29/2013

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:

According to the available medical records, this is a 61 year old female patient with chronic low back and bilateral knees pain, date of injury is 04/10/2002. Previous treatments include medications, chiropractic, physiotherapy and home exercises. Progress report dated 01/02/2013 by the treating doctor revealed bilateral knee pain, low back pain and stiffness radiated into the left hip and buttock region. Objective findings include knee ROM with crepitus, lumbar ROM decreased with pain and guarded, bilateral SI joint pain, bilateral lumbar spine paraspinals spasm. Diagnoses include lumbar sp/st with radiculitis, disc bulge, facet arthrosis, L5-S1 spondylolisthesis, status post right knee surgery, left knee meniscal tear. The patient was not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 VISITS OF CHIROPRACTIC AND PHYSIOTHERAPY: Upheld

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

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

Decision rationale: The claimant present with chronic low back pain and bilateral knees pain with duration of over 10 years. Reviewed of the available medical records showed the claimant has had 8 chiropractic sessions from 06/17/2013 to 08/06/2013, and another 8 chiropractic sessions from 08/27/2013 to 09/25/2013. However, there is no evidences of objective functional improvement and the patient remained off work. Based on the guideline cited above, the request for 8 chiropractic visits is not medically necessary.