

Case Number:	CM13-0045122		
Date Assigned:	03/31/2014	Date of Injury:	07/18/2013
Decision Date:	04/28/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	10/31/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

This is a 45 year-old male who was injured on 7/18/13. The has been diagnosed with contusion with multiple deep abrasions, bilateral knees; left knee abrasion completely healed; cervical sprain with radiculitis; disc osteophyte complex C2/3, C4/5, C5/6, and C6/7; C3/4 herniation 2-mm; left knee medial meniscus tear; chondromalacia bilateral knees; right knee patellar edema; lumbar sprain with lower extremity radiculitis; lumber herniated disc at L3/4, L4/5 and L5/S1. According to the 10/10/13 orthopedic report from [REDACTED], the patient has difficulty sleeping. He reports his legs go numb when he kneels for 5-10 mins. He had constant neck and back pain. The plan was for therapy 2x/week for 6-8 sessions. On 10/28/13 UR mis-read the request and denied PT x16 sessions and chiropractic care x16 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE NECK, BACK AND KNEES (2X6-8): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE. Page(s): 98-99.

Decision rationale: The Expert Reviewer's decision rationale: The patient presents with neck, back and bilateral knee pain after a fall from a truck. The neck pain radiates down the right arm to the 4th and 5th fingers. The low back pain is 8/10 and there is numbness and tingling in both knees, the left knee clicks and pops, and there is locking in the right knee. I have been asked to review "PHYSICAL THERAPY FOR THE NECK, BACK AND KNEES (2X6-8)" As noted in the summary, UR mis-read the [REDACTED] request, and the mis-read request has apparently been reproduced for this IMR. [REDACTED] 10/10/13 report clearly states the request is for therapy 2x/week for 6-8 sessions, NOT 2x/week for 6-8 weeks as UR read, and as presented for this IMR. The request as written by [REDACTED] for 6-8 sessions of PT, and reiterated by [REDACTED] on his 3/7/14 report, is in accordance with MTUS guidelines. However, the request as presented for this IMR for 2x6-8 or 12-18 sessions, which was never requested, will exceed the MTUS recommendations. I would suggest the UR or the carrier re-read [REDACTED] medical reports and review for what he had requested.

CHIROPRACTIC TREATMENTS TO THE NECK, BACK AND KNEES (2X6-8):

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION. Page(s): 30,58.

Decision rationale: The patient presents with neck, back and bilateral knee pain after a fall from a truck. The neck pain radiates down the right arm to the 4th and 5th fingers. The low back pain is 8/10 and there is numbness and tingling in both knees, the left knee clicks and pops, and there is locking in the right knee. I have been asked to review "CHIROPRACTIC TREATMENT FOR THE NECK, BACK AND KNEES (2X6-8)" As noted in the summary, UR mis-read the [REDACTED] request, and the mis-read request has apparently been reproduced for this IMR. [REDACTED] 10/10/13 report clearly states the request is for therapy 2x/week for 6-8 sessions, NOT 2x/week for 6-8 weeks as UR read, and as presented for this IMR. The request as presented for this IMR for 2x6-8 or 12-18 sessions, which was never requested, will exceed the MTUS recommendations for a trial of chiropractic care for the low back. Also MTUS specifically states chiropractic care is not recommended for the knees. The frequency and total number of chiropractic visits were mis-read by UR and IMR, but even if the 6-8 sessions of chiropractic care as the physician has intended, would not be in accordance with MTUS guidelines, as 8 sessions exceeds the 6-visit trial for the low back, and MTUS does not recommend chiropractic care for the knees.