

Case Number:	CM13-0047704		
Date Assigned:	12/27/2013	Date of Injury:	09/05/2007
Decision Date:	05/16/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/04/2013

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 and Rehabilitation has a subspecialty in Pain Management 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 male patient with the date of injury of September 5, 2007. A utilization review determination dated October 25, 2013 recommends non-certification for one postoperative follow-up visit with a chiropractor and one transportation service. A utilization review determination dated October 25, 2013 for right knee arthroscopy with meniscal debridement, synovectomy, and chondroplasty is noncertified. A progress report dated September 30, 2013 is largely illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOLLOW-UP VISIT WITH A CHIROPRACTOR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON MANUAL THERAPY AND MANIPULATION Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON MANUAL THERAPY AND MANIPULATION Page(s): 58-60.

Decision rationale: Regarding the request for chiropractic care, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional

improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, it appears that this is a request for a post operative visit with a chiropractor. As the operation in question was recommended for non certification, the associated postoperative visit is also not medically necessary.

1 TRANSPORTATION SERVICE:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES-TREATMENT IN WORKER'S COMPENSATION, INTEGRATED TREATMENT/DISABILITY DURATION GUIDELINES, KNEE AND LEG CHAPTER (ACUTE AND CHRONIC), (UPDATED 6/7/13), SECTION ON TRANSPORTATION (TO AND FROM APPOINTMENTS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MEDICARE COVERAGE OF AMBULANCE, PAGE 6, SERVICES [HTTPS://WWW.MEDICARE.GOV/PUBS/PDF/11021.PDF](https://www.medicare.gov/pubs/pdf/11021.pdf).

Decision rationale: Regarding the request for transportation to and from doctor's visits, California MTUS and ODG do not contain criteria for the use of transportation. Medicare guidelines state that nonemergency ambulance transportation may be provided to diagnose or treat a health condition when the use of any other transportation method could endanger a patient's health. Within the documentation available for review, it appears that this is a request for transportation to a post operative visit with a chiropractor. As the operation in question was recommended for non certification, the associated transportation to a postoperative visit is also not medically necessary.